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ART. I.—*Notes on Medical Matters and Medical Men in Paris.* By DAVID W. YANDELL, M.D., of Louisville, Ky.

Of the living chemists of France the names which would occur first to an American, are those of M.M. Orfila and Dumas, the latter distinguished for his contributions to organic chemistry, and the former for the zeal and success with which he has studied the subject of poisons. I have had the pleasure of hearing both of them lecture. A fortnight ago I listened with great interest to a lecture of an hour and a quarter's length by Orfila, who, as you are aware, is professor of medical chemistry in the *Ecole de Médicine.* The room in which he lectured is an amphitheatre, capable of containing five hundred persons and upwards; the seats are without backs, and the whole appearance of the room is decidedly plain. It is said that more students attend Orfila's course than that of any other professor in the school. The morning on which I

attended him his room was crowded to excess. The rush of the students, who were not admitted until a few minutes before the hour of the lecture, was as great as that which has so often made the Institute building to shake again; but the shouts were not heard. The venerable, commanding, and intellectual looking professor made his appearance just as the clock struck half past ten, the hour for commencing his lecture, and was received by the class with considerable clapping of hands; I did not hear a foot stir. Orfila cannot be less than fifty-five years old, if he is not sixty; his head is bald over the whole of its upper half, while the back part and temples are covered with thick, nearly white hair. He is but a line under six feet in height, of fine form, and in every way a man of striking appearance. His head is ample and well formed, his eyes black, his nose Grecian, his mouth large and expressive. A better lecturer than Orfila one will not often hear on any subject. With his fine person, large, penetrating eye, clear, strong voice, and earnest manner, he makes an impression upon his hearers which does not speedily pass away. He is emphatically an earnest man; his countenance, voice, gesticulation all testify to that essential attribute of the orator. While lecturing he walks from end to end of his long table, his experiments being performed by assistants, of whom there were three the morning on which I attended. Three assistants were too many by two, at least for this lecture, and as a consequence some glass was broken, and one experiment was a failure. There are few things which too many hands do not spoil. The apparatus exhibited during this lecture was plain, and not as well kept as it might have been.

The lecture was professedly on oxygen, but half of it was devoted to electricity. Among the experiments pertaining to the latter subject, I may mention the dazzling one of igniting charcoal points by the electricity of a galvanic battery. This experiment succeeded well when performed in the atmosphere, but when attempted under water it could not be called any thing but a failure, which was owing to the awk-

wardness of one of the assistants, who did not bring the points properly in contact. The oxygen used in the lecture was obtained from the black oxide of manganese, and also from water by the action of the galvanic battery, as is now done in every course on galvanism. No experiment was performed which I had not witnessed before in Louisville, and all that Orfila did in this way was, simply to immerse a taper in the bottle containing the oxygen to demonstrate its presence, the rest being left to his assistants. At the close of every division of his subject the professor drew from his pocket a silver snuff-box, took a pinch of snuff, replaced the box, used his handkerchief, and then continued his discourse. I have repeatedly heard him since in his tri-weekly course, but, although always interesting, he has said nothing yet new to me, or which, I suppose, would be new to your readers. I promise myself great advantages from his lectures on poisons, a branch of chemical science in which he is unrivalled, and when he reaches that part of his course I may be able to report something of interest.

The students in attendance at the School of Medicine are a well dressed body of, generally, quite young men; among whom there are many who are well favored, but not a few who are the reverse; some are of good size, but many, the majority, are small. They sit with their hats on, are very attentive, and in Orfila's theatre, made no noise, except at the appearing of the professor, and at the close of his lectures, when there was a clapping of hands, but not a single stamp. I saw several students taking notes, and many more who would have done so if they could have commanded the elbow room. It would not be a bad plan to construct all lecture rooms after the fashion of those in London, with boards on the backs of the seats, which serve as desks for writing; for unless a student takes notes upon what he hears he is not likely to remember much, and if he postpones doing so until he reaches his room, besides the time which it would require to bring his notes up, he is not apt to feel much inclination towards the task. The hardest, and the best informed students of my acquaintance

at home, in England, and in France, are those who are most industrious with their pens or their pencils.

Orfila paid a visit, not long since, to Spain, and while there wrote home some interesting letters concerning the state of medical science and medical education in that country. From one of these letters, which appeared a day or two ago in the *Gazette Médicale*, I learn that nine years are necessary to prepare a student for the title of Doctor of Medicine, and that he must study seven years before he is entitled to a diploma, which confers upon him the right to practice in Spain, but does not make him eligible to any professorship. To an American this appears a long time, and few among us, I presume, would willingly enter upon such a probation.

At the meeting of the *Academy of Sciences*, on Monday evening, the 25th of October, among the numerous *savans* present, I was particularly struck with the appearance of Dumas. In the long hall of the Institute of France, in which the Academy holds its meetings every Monday, is a table of an oval form, divided near the middle of one of its sides by the chair and desk of the President, which extends from one end of the room to the other; members sit in chairs on the inside and on the outside of this table, and in addition there are chairs and other tables in the space formed by the oval. The accommodations for visitors are not ample, consisting merely of two rows of benches arranged on one side next the wall, one row on the other side, a few chairs and a little space for standing at the ends of the room.

I took a seat near the entrance in order to learn the names of the members as they entered from the obliging man, whose business it was to stand at the door and prevent persons from coming in after the seats were filled. I was looking about at the different persons present when my cicerone touched me, saying, "there, sir, is M. Dumas." I turned, Dumas was bowing most gracefully to his acquaintances and confreres as he passed them on the way to his chair, at the left hand, and in

front of the president. Seated, his appearance was striking, and his face and person agreeable. He is a young looking man, not seeming to be past thirty-five. In height he is about five feet ten inches, may be a fraction more or less; his hair is a glossy black, and towards its ends waved or inclined to curl; his complexion is dark; his head large; his forehead bold and high; his eyes, I should say, are dark, but whether grey or black, I was too far removed to tell; his nose is prominent and shows a tendency to the variety called 'hook;' his mouth, which is one of the most expressive features of his face, is well turned and emphatically that which belongs to a speaker.

His entire suit was black, save the white cravat which was barely seen above the collar of his velvet waistcoat, which buttoned straight up to his throat. The mark of the legion of honor, a red ribbon, was fastened to a button hole in the left lapel of his coat. He might have been mistaken for a young Episcopal divine. His voice is clear and resonant; his articulation distinct and sufficiently varied, and his manner while reading appropriate. I say while reading, because I only heard him read a paper. Of his style of lecturing, which I have heard so often and so highly praised, I shall acquaint you as soon as he commences his usual annual course early in the coming month. The subject of the paper, which he read before the Academy on that evening, was the conversion of sulphuretted hydrogen into sulphuric acid.

M.M. Humboldt and Boussingault have shown that the water of the Rio Vinagre which, near the volcano of Puraci, falls in a cascade of acidulous water, contains free sulphuric acid, as well as free chlorohydric acid. M. Dumas has made the production of sulphuric acid under these circumstances the subject of his investigation. He has established this general fact, that sulphuretted hydrogen mixed with air through the aid of porous substances, but especially of linen, and under the influence of a slightly elevated temperature, is slowly converted into sulphuric acid. This mode of combustion differs entirely from that which is observed when sul-

phuretted hydrogen is burnt in the atmosphere with the evolution of light and heat. In this latter case the products are water, sulphurous acid, and almost always a deposit of sulphur and traces of sulphuric acid. In the case of the slow combustion of the sulphuretted hydrogen, effected under the preceding conditions, M. Dumas has perceived that neither sulphurous acid nor sulphur have been produced, but that the only result has been the formation of sulphuric acid.

When, on the contrary, water containing sulphuretted hydrogen is exposed to the air, a slow combustion occurs here also, but water only is formed, and sulphur precipitated. The deposit which obtains in all sulphurous waters is a well known illustration of this. In many places he has had occasion to remark the sulphate of lime which had resulted from the action of sulphuric acid produced by the sulphuretted hydrogen. In all great cities, but more particularly in London, it has been observed that large masses of iron exposed to the air become eroded; and this change has been attributed to the presence of sulphurous gas in the atmosphere. This gas is supposed to result from the combustion of coal; though it is a question worthy of consideration whether the sulphuretted hydrogen exhaled from the numerous sewers does not contribute to produce the effect.

Sulphuretted hydrogen may slowly form sulphuric acid, and wherever there are substances upon which this may act sulphates result; thus according to M. Vogel and others, whenever alkaline sulphates are brought in contact with organic matter, sulphuretted hydrogen is produced; and whenever humid remains of plants are exposed to the action of sulphuretted hydrogen and the atmosphere, sulphuric acid and the sulphates will be re-formed. In the form of sulphates then, sulphur may travel through the air in its watery constituent to lands which need it either for the development of vegetables or animals. He thought the part played by yellow sulphur in the production of all the azoted portions of plants and animals was not unworthy of remark; on an average, the 100th part of their entire weight is sulphur. Thus ten

kilogrammes of dry azoted matter, which is about the quantity in a man of ordinary size, contain one hundred grammes of sulphur. To extend the calculation, two millions of kilogrammes is the representative number of the amount of sulphur contained in the population of France, and twenty millions of kilogrammes is the equivalent of the sulphur contained in all the animal creation of France.

I wrote the foregoing some days ago, immediately after attending a meeting of the Academy. Monday, the 16th of November, at 1 o'clock, Dumas delivered the introductory lecture at l'Ecole de Médicine. The court in front of the doors leading to the lecture-room commenced filling at half past 9 o'clock in the morning. The day was cold, the thermometer standing at about 32°, and the students who had assembled so early were obliged to walk about briskly to keep themselves warm. The crowd gradually augmented, and at half past 11 large numbers of medical and other students took their places at the two doors. From this time until a few minutes before 1 o'clock the influx was rapid, and the multitude began to evince signs of impatience and ill humor. As the clock struck one the doors opened simultaneously and the rush was tremendous. I was in the front rank, and had I not been trained to such races before I might not have escaped as well as I did. As it was, I obtained a seat upon the second row of benches, in a position from which I could see nearly the whole audience, and very distinctly hear the professor.

As, I presume, is the case always in a Paris lecture-room where seats are so much in demand, there was jamming, sqeezing, bullying, cursing, and, what is so common among French students, *blackguarding* as we style it. Some tried to obtain places by sitting down in the laps of others, some by jumping in while others had risen up to see a contest going on in some other part of the room. The two doorways were full; the students who had been distanced in the race up stairs, now tried by pushing from without to precipitate

those who were standing, upon the backs and heads of their fortunate companions seated below; nor were they entirely unsuccessful, for several men lost their balance and fell forward, creating such confusion that the lecturer was obliged to make more than one long pause in his discourse. Considering that from seven to eight hundred students were crowded into a room calculated to seat about five hundred, there was a most commendable degree of silence and order, which, in fact, were never disturbed, except when some corpulent man was forced to cry out for quarters, or some light youngster was pushed from his place, and tumbled headlong upon his neighbors below him. Amid all the scuffle not a blow was struck; one man was kicked at the close of the lecture, and the quarrels were numerous, but they ended, as all the quarrels that I have witnessed in Paris have, in the most disgusting scurrility.

Dumas and the other members of the Faculty wore the black and purple robes. The eloquent discourse was read, and consisted principally of a eulogy upon Augustus Bérard, who died not long since loved and lamented by all who knew him—a loss to science, to France, and the world. Dumas was at times touchingly eloquent, and more than once was obliged to pause from emotion, as he was repeatedly compelled to do by the plaudits of his audience. His lecture was more than an hour long; it has been published in the *Gazette des Hopitaux*, and after having read it carefully I am prepared to pronounce it a most beautiful discourse, abounding in noble thoughts, clothed in the richest drapery. The annual distribution of prizes was made at the close of Dumas' lecture. The gentlemen to whom they were awarded came forward and received them at the hands of Orfila, but the *sages femmes*, although their names were announced, were not seen.

Clamart is the name of an establishment for dissection, having large, well aired rooms for this purpose, besides a theatre for lectures, and a museum. The subjects are fur-

nished by the hospitals. The museum contains comparatively but a small number of either anatomical or pathological preparations; but among these there is a considerable variety of curvatures of the spine, which are highly interesting and instructive. Among the preparations of the bloodvessels is one of irregular distribution of the arteries of the lower extremity, which may be regarded as not only unique, but important in its connection with surgical diseases and operations; unfortunately the specimen is not perfect, in as much as the aorta has not been preserved. One large arterial trunk follows the course of the posterior iliac, and furnishes to the pelvis the usual number of vessels supplied by that artery. The same great vessel then emerges from the sacro-sciatic notch a little to the outside of the deep or pelvian pudic artery; afterwards it pursues the course and accompanies the great sacro-sciatic nerve until they both enter the popliteal region, when its future connections and distributions are normal. You will observe that this great trunk represents, first the internal iliac, and afterwards the artery of the leg. It is natural to inquire in what manner the thigh was supplied with blood. On examining its anterior region, an artery of the thigh, the profunda, is seen, but its connection with the lower part of the aorta, from which evidently it had proceeded, is destroyed. This vessel, the profunda, appears to have followed the direction of the external iliac without sending off any vessels except the circumflex iliac and epigastric, until it had gained its usual situation in the thigh, when it divides in the customary manner. The internal circumflex is much smaller than common, and, as always occurs under such circumstances, the obturator is proportionally large.

Here is a case which I have watched at *La Charité*—it was gangrene of the left arm, and terminated fatally. The patient was a man 30 or 35 years old, a nailer by trade, had constantly enjoyed good health, and was never exposed to contact with animals or any portion of them, who had been affected with malignant pustule or *charbon*. The dis-

ease commenced with a small pustule over the deltoid muscle and was the seat of considerable anxiety, accompanied by severe itching which induced the patient to scratch until he broke it. He entered the hospital the fifteenth day of the disease; the pustule presented a black slough of one centimeter in diameter, and situated in the point first attacked. Immediately afterwards it increased much in volume, became indurated and surrounded by a phlegmonous circle. On the third day the whole limb was tumefied, red, hot, and painful. The swelling increased rapidly the two following days. Below the slough the limb was exceedingly tense and œdematous, especially in the region of the hand, and presented in different places livid spo s.

The slough becoming gangrenous was cauterized with butter of antimony. The ensuing day the gangrene became more defined, and the wound was cauterized with the hot iron by M. Velpeau. This, however, did not arrest its progress; by this time it had extended almost as low as the elbow; the gravity of the symptoms continued unabated, shivering came on, followed by fever and other constitutional symptoms, with great anxiety in the precordial region, and diarrhœa. The limitation of the gangrenous eschar which now seemed to have occurred, induced M. Velpeau to amputate the limb at the shoulder joint, from which the patient appeared to suffer no pain. There was an apparent alleviation of the symptoms the first day; the pulse fell from 140 to 120 beats in a minute; but the day following difficulty of deglutition, a sense of oppression in the region of the heart, with cold, clammy perspiration, ensued, and soon the patient sunk, retaining his self-possession to the last.

The amputated limb when examined showed all the tissues involved by gangrene down to the bones. On inspection of the body nothing was observed except slight congestion of pleura costalis of the left side. A large fibrinous clot of unusual consistence occupied the right auricle and ventricle; the arteries and veins were unaffected. The existence of this coagulum is supposed to have been connected with the precor-

dial symptoms which constituted one of the most prominent and unpleasant features of the case. This is a brief report, but contains all that it seems to me was presented by the unfortunate and interesting case. I may mention that M. Jobert of *l'Hôpital St. Louis*, has lately reported a case of malignant pustule which is intimately connected with the gangrenous affection just noticed, in which the use of the red-hot iron was followed by recovery.—Frictions of the tincture of iodine have been recommended in inflammations of the *os uteri*, by Dr. Licherer of Heilbronn.

On the Division of the Tendon of Achilles.—Prof. Stromyer has lately published the following propositions relative to the section of this tendon, which I find in the Gazette des Hôpitaux of the 12th of November:

1st. The separation should be performed with a small knife, the blade of which is slightly curved at the point and very sharp; the subcutaneous method should be employed, and but one opening made in the skin.

2d. The tendon must be completely divided or the operation will not be successful.

3d. When the other muscles, or the plantar aponeurosis are retracted simultaneously with the tendon, they must be divided before the section of the latter is made.

4th. After the operation, compressions are applied to the wound by means of the figure 8 bandage.

5th. Among adults on the fourth or fifth day of the operation, and among infants on the third or fourth day, the first dressing is removed, and if it is found, as is generally the case, that the little wound is healed, you proceed to make extension; this is never to be resorted to while the wound suppurates or any considerable degree of ecchymosis exists.

6th. The limb is bandaged and properly protected from compression, before the foot is placed in the machine for extension.

7th. Extension is performed gradually and gently, and diminished whenever the patient complains of pain.

8th. In order to avoid excoriations, erysipelatous inflammations, and mortification of the tissues, the dressings should be removed whenever the patient feels any severe or continuous pain in the points under pressure.

9th. When the dressing is removed the limb should be covered with flannel.

10th. It is known that individuals who have submitted to the operation in question experience a sensation of cold and numbness, which is sometimes limited to the heel, and in some instances extends throughout the whole of the foot; this sensation diminishes gradually, and disappears ordinarily on the sixth or eighth day.

11th. The first or second day of the operation, although the individual may not have been subject to sweating of the feet, the foot which has been operated upon gives off a viscous exudation of a disagreeable odor.

12th. In placing the foot in the machine for extension it must form a little more than a right angle with the leg, and be kept in this position for eight days. After this period the foot must be wrapped with a circular bandage, and the patient must be allowed to make no attempts to walk before the fourth week; without this precaution the member will become swollen, the cicatrix will be irritated, and perhaps even the newly formed tissues destroyed.

13th. It is impossible to define the exact duration of the cure; this will depend on the state of the patient, the degree of the deformity, and the extensibility of the articular ligaments.

Dr. Moij'Sisovics, first surgeon to the imperial hospital at Vienna, has addressed to the Academy of Medicine, at Paris, a work entitled "An account of a sure and speedy method of treating Syphilis, by the preparations of Iodine." The author wishes the Academy, through a committee, to investigate what he has announced, and make a report on his work.

M. Fantonetti, an Italian physician, in the treatment of *acute articular rheumatism*, administers, instead of the large doses of quinine used in some of the French hospitals, only two grains of the sulphate of quinine every two hours, associated with the same quantity of crystalized tartaric acid.

M. Gazzi, also an Italian physician, speaks in terms of praise of the efficacy of the black hellebore in melancholy and mania—the treatment of the ancients.

Valerianate of zinc has been highly recommended as an *anti-neuralgic*, by M. Narnias, who has witnessed its good effects in a number of cases.

M. Filacchione, in one of the late Italian journals, speaks of the nature and the treatment of the visceral alterations in autumnal fever. The visceral changes most commonly observed are in the liver, spleen, and pancreas, and are dependent, in the opinion of M. F., upon a lesion of the ganglionic plexus, which presides over the vitality of these organs. If there is merely a hyperemia of the liver, &c., he administers the sulphate of quinine associated with rhubarb, extract of gentian, and other bitters. If it should have gone on, however, to a hypertrophy, he has recourse to the muriate of lime, to calomel, with extract of aconite and taraxacum; covers the region over the affected organ with cataplasms of mallows flowers and hemlock, and gives as a drink decoction of the same flowers, with acetate of potash, and the syrup of chicoree and taraxacum. This treatment has always succeeded in preventing relapses. In cases where the consecutive alterations persist a long time, and are associated with serous collections in the abdomen, he uses mercurial frictions upon the abdomen; internally syrup of squills, united to colchicum and calomel, and enjoins the milk diet.

M. Cattell proposes to obviate the irritation of the digestive organs and the nephritic symptoms, which frequently fol-

low the administration of copaiba and cubebs in the usual mode, by giving them in the shape of an injection.

M. Jobert, at *l'Hôpital St. Louis*, in one of his clinics, spoke of the causes and treatment of erysipelas. He believes that the cause of erysipelas exists in a peculiar constitution of the atmosphere, and that it is alike independent of the gastric conditions and traumatic lesions, though the former may render its progress more rapid, and is susceptible of facilitating its development, though incapable of producing the disease.

If it is asked why then does erysipelas show itself in patients who are suffering from wounds, first upon the injured parts? The question is easily answered. Why, in a number of persons exposed alike to the same vicissitudes of temperature, is one affected with pneumonitis, another with pleuritis, and the third with arthritis? We account for these differences by admitting a special disposition of the organs, a susceptibility more or less great, which renders them more or less liable to feel the effects of the same cause. This susceptibility may be either the result of a peculiar physiological disposition or tendency, or of a pre-existing pathological condition.

Every one knows that a person who has suffered often from bronchitis, acute articular rheumatism, &c., is constantly exposed to a repetition of the same diseases under the influence of the slightest causes. The same thing in reality occurs when erysipelas supervenes in a patient who, in some part of the body, presents a solution of continuity; if in such cases the eruption shows a preference for the borders of the wound, it is because at those points the skin has been the seat of an inflammation which, notwithstanding that it may have disappeared, has nevertheless augmented the susceptibility of the part, and by that means has rendered it more liable than any other portion of the body to take on erysipelas. There is scarcely any doubt that erysipelas often exists and produces certain constitutional modifications before

it offers anything to the eye of the surgeon; and it is a mistaken idea, that wounds are the occasional cause of the affection.

Erysipelas has often prevailed as an epidemic in the wards of M. J., and supervened indiscriminately upon patients who presented wounds and those who presented none; so frequently, indeed, has such been the case, that he considers himself authorised to regard the atmospheric constitution as the principal cause of the disease. Among all the objections which may be urged against this theory, none will destroy the important and remarkable fact, that erysipelas and hospital gangrene are two complications more frequent in the wards of M. Jobert than in any other wards of the hospital, and that his ward, (that of the men), is more unwholesome, more poorly aired, in a word, that the patients in it are placed in the worst atmospherical conditions.

Epidemic erysipelas has prevailed in other epochs than our own. It was remarked by Tozzi to prevail in the autumn and winter of 1770, at Naples. In 1773 Wm. Bromfield made mention of an epidemic erysipelas, which continued two years. M. Velpeau published in the Gazette des Hôpitaux, in 1831, some observations on epidemic erysipelas.

Whatever may be the nature of the eruption, whatever may be its form, the treatment employed by M. Jobert is always the same, consisting of an ointment of nitrate of silver, which, though it may vary in strength, acts always in the same way; M. Jobert esteeming it a powerful antiphlogistic. He uses three species of ointment, differing in strength as one, two, three; the first contains thirty grammes of simple cerate, and four grammes of nitrate of silver; the second eight grammes; the third twelve grammes.

To the two forms of hospital gangrene, 1st, the ulcerous described by Delpech; 2d, the pulpy form, described by Dussaussay, for which, however, M. Jobert substitutes the albuminous form, since he considers that the term conveys a much more definite idea of the nature of the malady, this surgeon adds a third—the form *ramollissement.* This, which

is not described in the books, is characterized by patches, varying in extent, gray, soft, sprinkled or studded with small black points, which appear to be formed by small ecchymoses. The granulations completely destroyed, they are themselves the seat of mortification, whilst, in the preceding form, you are able by a brush with the greatest facility to remove the fibrin which exposes to view the red granules more or less altered in organization, and that bleed when exposed.

The cause which seems to have most influence in developing hospital gangrene is the atmospheric constitution. Of the three varieties the second, or albuminous, is incontestably the most frequent.

The treatment used by M. Jobert is to dress the wound with camphorated spirits or lemon juice; if the disease continues, the parts covered with the albuminous matter are cauterized with the nitrate of mercury. Should the malady pass its first stages, M. Jobert resorts to cauterization with the red-hot iron.

M. Labus, an Italian, having established the diagnosis of Bright's disease, in a woman aged 32 years, gave as a drink a mixture of four grammes of medicinal nitric acid, in seven hundred and fifty grammes of water, with simple syrup and mucilage of gum arabic, each fifteen grammes. This drink was first administered on the 16th October, it was discontinued on the 26th January, 1846, when the urine was normal, her nutrition excellent, and the embonpoint restored.

M. Scotti, another Italian, having remarked that in some cases of scrofula which he had treated with the preparations of the juglans regia a habitual constipation resulted, conceived the hope of finding this agent a remedy against diarrhœa. It is applicable to all cases of diarrhœa except when the disease is accompanied by inflammatory symptoms. M. Scotti prefers the extract obtained from the hull of the walnut, and the green leaves of the tree. He dissolves eight or twelve grammes of this, which he has obtained by decoction

and evaporation, in a kilogramme of mineral lemonade, and administers a third or a half glass full of this drink four times a day.

One of the medical societies of Paris excludes from becoming its members all those who, in any way, countenance charlatans.

I do not attend with any regularity the meetings held on every Monday, of the Academy of Sciences, because if I would procure a seat I must stand by the door for an hour and a half before it is open, and that is more time than I can spare, and requires more patience than I can muster. The meetings are not generally of especial interest, more particularly after one has attended one or two and seen the principal men, as I have done.

M. Roux, at *Hotel Dieu*, is an old, short, thick, and not intelligent looking man, who speaks with great rapidity and little distinctness, though his clinical lectures are replete with good sound principles, so far as I, who understand the French so poorly unless when it is spoken slowly, can judge.

A week ago he ligatured the femoral artery of the right side for an aneurismal tumor situated at the superior extremity of the tibia, that is to say, in the spongy tissue which constitutes the tuberosities of this bone. Before performing the operation he spoke at length of aneurisms occurring in both the soft parts and in the bones, but more particularly of the disease in question. But to give you a regular outline of his valuable lecture.

Diseases of this kind belong to the great class of *Angiectasis*, tumors formed by the blood, and resulting from a dilatation of the vessels. The angiectases form two distinct categories; those which appertain to the large vessels, and affect most frequently one vessel alone; and second, those which have their seat in the capillaries, and result from an enlargement of these vessels, and a change of their nature

and consistence of the parts which surround them. The name of *tumeurs fongueuse sanguines*, which the French render *fungus hematodes*, may be translated erectile tumors, aneurism by anastomosis, certain tumors formed by the accidental development of a spongy or alveolar tissue containing a large quantity of blood, and appearing to result from an inextricable interlacing of dilated and altered capillary vessels, &c., &c. Along through the discourse M. Roux called this a *tumeur sanguin*, or bloody tumor. He made another division by which those tumors (*tumeurs sanguines*) were classed —those which occur in the soft parts, and those which are seen in the skeleton. The difference between them is very great, both in the causes of their production, their seat, &c., &c.

For the fungous tumors of the bones there are three methods of treatment; 1st, the ligature of the principal artery of the member; 2d, amputation of the member itself; 3d, in rare cases, the removal of the portion of the bone which is the seat of the disease. In Roux's long practice, with an experience of thirty years in hospitals, he has only observed this form of the affection (fungous tumors of the bones) three or four times. It is a disease which may be developed in any bone of the skeleton, provided it possesses a spongy tissue, but it is much more common in the bones of the extremities, and in those of the inferior rather than of the superior. It is encountered almost entirely at the articular extremities of the bones, which it is well known are the portions most abundantly supplied with spongy tissue, and the tibia is both by its structure, organization, nature, and disposition of the tissue, &c., especially exposed. It is produced by accidental causes, as external violence, contusions, violent distension, or in some cases by a mere strain of the articulation. In the present case it supervened upon an attempt to relieve a carriage, in which the man brought his right knee into violent and prolonged action, after which he felt in the member a sense of distension as from a strain. When a blow or a fall has provoked its development, a longer or shorter period may intervene be-

tween the accident and the appearance of the disease. In cases where it follows another series of causes, as, in lifting weights, or straining the knee in any other way, the patient feels generally a cracking in the articulation, a distension, which as you have seen in this case, may occur suddenly.

The disease is noticed more frequently among young subjects than among adults. The appearances presented by the affected limb now before us, are, the superior extremity of the tibia is larger than that of the opposite limb; the leg has lost somewhat its natural form. The external lamellæ of the bone have been entirely destroyed, the destruction having commenced from within and come outwards, and through this pathological opening a portion of the alveolar, spongy, fungous tissue, which results from the fungous transformation of the bone, protrudes, forming a hernia—elevates the skin, and forms a more defined tumor. Placing your hand upon the surface of the tumor, you are able distinctly to feel pulsations synchronous with those of the heart, and which may be compared to those that you distinguish when you have an aneurismal tumor, except that you feel neither the force nor the extent of the pulsations which you do in pure aneurismal tumors. You feel the beats in only a small portion of the fungous tissue, and these are not very strong. The cause of these pulsations is well known.

At *Hotel Dieu*, in the wards of M. Louis, a woman presented herself laboring under erysipelas of the face. She was treated for this affection until all external evidences of the disease had entirely disappeared. She however continued extremely feeble, soon began to grow worse, and laboring under the symptoms of gastro-intestinal inflammation, she died. The autopsy revealed a lively red appearance of the mucous membrane of the stomach, and a part of the intestinal canal, and partial softening of this membrane in some portions of the stomach. The heart, lungs, etc., were healthy.

Dr. Boudet speaks in high terms of the efficacy of iodide of potassium, in the form of ointment, in articular rheumatism. He has seen a violent case of lumbago relieved in one hour under the influence of frictions with iodide of potassium, and disappear completely the third day. Rheumatismal inflammation of the thigh has been not less successfully treated in the same way; and M. Boudet proposes now to try it in inflammatory rheumatism of the articulations.

The administration of arsenic in the treatment of furuncles has been suggested and praised by Dr. Schweich, of Neurried. This physician prescribes four drops of Fowler's solution, morning and evening, until the patient has taken three grammes; five drops are now administered until other three grammes are consumed, when the dose is augmented to six drops, and persevered in until three more grammes are taken, which always succeeds in curing the disease. During this medication it is not necessary to change the ordinary diet of the patient. In the first week of the treatment it is not rare to see new furuncles appear, which however remain in their rudimentary state, and finally disappear. Relapses, after the use of this medicine, are extremely rare.

Among the thirty or forty cases of typhoid fever which have been treated during the last four months at *La Charité* by M. Briquet, only three have died. The treatment which he pursues is briefly this—an emetic of one or two grains of tartarized antimony; in the evening of the same day, a bottle of Seidlitz water, or a purgative injection. The second day a bottle of Seidlitz water, taken by half glasses during the day, in the guise of the ptisan. If this does not act sufficiently upon the bowels, you assist the laxative taken by the mouth, by a purgative injection. It is rare that purgatives have to be persisted in for any length of time; more generally in a very few days the febrile phenomena disappear, the pulse falls, &c., and in a very short time the patient is able to take a small quantity of broth. In typhoid fever

thus treated you will remark in particular, that the convalescence is very rapid, and that it is rarely retarded by relapses; if, however, any should occur they easily yield to a bottle of Seidlitz water; finally, a very few days after the amelioration has begun, the alimentation may be composed of meat soup, or of meat itself.

M. Guirard, at *Hotel Dieu*, has prescribed sulphate of quinine in rheumatism, with very great success.

Here, perhaps, I may as well close this rambling letter. It will be remarked, I trust, that my endeavor has been to communicate as much matter in as little space as possible, without much respect to style. If the readers of the Journal have the patience to follow me through these desultory communications, I think I am safe in promising that my stay in Paris will enable me to add, each month, to their interest.

Paris, November 30th, 1846.

ART. II.—*A Case of Compound Fracture of the Skull; with depression of both tables, and laceration of the Membranes and Substance of the Brain.* By T. B. GREENLEY, M.D., of Westpoint, Kentucky.

On the 25th August last, Mr. G., a young man, aged about 21 years, of stout make and robust habit, received a severe injury of the cranium, from a blow with an angular-shaped stone. He was deprived of his senses from the time the injury was inflicted. This occurred in the morning directly after an early breakfast. I was sent for immediately, but was not able to reach him before about 4 o'clock in the afternoon. When I arrived I found him lying on the bed, which was very bloody, and the wound still bleeding.

I examined the wound with a probe and found the skull

fractured in the region of the parietal eminence; and both tables depressed into the substance of the brain to the depth of an inch. The scalp was cut with angles of the stone so as to form three flaps—the depressed portions of bone being under one of these. In order to remove the depressed pieces of bone it was found necessary to extend one of the angles of the wound, which was done with a scalpel.

After washing off the blood and taking out wads of hair, &c., from the wound, I proceeded to remove the depressed pieces of bone. In the first place I introduced the blunt forceps belonging to a pocket case, but found that I could not insinuate the blades between the fractured pieces, owing to their being carried so evenly before the fulminating body.

The wound being full of blood and still continuing to bleed, compelled me to operate in the dark, or altogether by feeling. After failing to seize the fractured portions with the blunt forceps I was fearful there would be great difficulty in removing them. I however introduced a pair of dressing forceps also belonging to my pocket case, and was able with these owing to their sharp points, to insinuate the point of the blade between two pieces of bone, and force a small piece out. This made room for the introduction of the blunt forceps, before alluded to, with which I soon removed all the remaining pieces—seven or eight in number. After washing the blood out of the wound as well as I could, I found the membranes of the brain, as well as the brain itself, considerably lacerated. I cut off the contused and lacerated portions of membranes and took out several pieces of the substance of the brain, amounting in quantity to about three drachms.

I now brought the flaps of the wound together and closed it with the twisted suture. The hair was then removed from his head, and cloths dipped in cold water applied; venesection at the arm until the system became relaxed; and a purgative dose of medicine administered.

The removal of the depressed portions of bone, together

with the loss of blood from the arm, thereby relieving to some extent compression of the brain, appeared to bring him to a partial consciousness of his situation.

It was about 5 o'clock when I got his head dressed and bled him. It will thus be seen that he labored under severe compression of the brain from early in the morning till late in the afternoon, including some nine hours.

Owing to the severity of the case I deemed it necessary that a physician should be with him during the night; and, it being impossible for me to remain, I sent for Drs. Geoghegan and Withers, practitioners of this place, with the hope of getting one of these gentlemen to remain with him. Dr. Geoghegan consented to stay with him all night.

August 26th. I saw the patient to-day about 10 o'clock; his condition about the same as when I left last evening. Had an action on his bowels during the night from the effects of the medicine. Dr. G. informed me that the symptoms continued pretty much the same they were when I left.—Pulse strong and full, but not frequent; tongue slightly furred; pupils nearly natural; action of the kidneys healthy; feet a little inclined to get cold; slight tumefaction at the wound; insensible to objects around him. Abstracted about sixteen ounces of blood from the arm; repeated cathartic medicine; continued application of cloths wrung out of cold water to his head; ordered room to be kept quiet and darkened; and warm rocks, &c., to his feet in case they manifested a disposition to get cold.

27th. Saw the patient about 12 o'clock. No material change in his condition since yesterday. Secretions all appear to be going on properly. Repeated venesection and cathartic medicine. Other treatment continued. Action of the medicine aided by the use of the syringe when necessary.

28th. Saw the patient again to-day about 12 o'clock; condition pretty much the same as on yesterday. Same treatment continued.

29th. Visited him to-day about 5 o'clock in the afternoon. Found him much worse. Convulsions made their appearance last night, and continued to increase in severity and frequency, being very slight at first. While I was there he had a very severe spasm, which lasted nearly an hour. I attributed the convulsions to compression of the brain produced by accumulation of matter in the wound—which had so nearly closed up by the healing process as to obstruct the exit of any matter that might form within. Acting on this supposition I made an incision at the site of the original injury with an abscess lancet, and had a poultice of slippery elm applied. The other treatment pretty much the same as heretofore.

30th. Saw the patient again to-day about 12 o'clock, and was much gratified to find that the convulsions had entirely abated; and there appeared to be some little improvement in his general condition.

The family informed me that the spasms became lighter and less frequent from the time the incision was made the evening before.

The place on his head was mattering very well, having quite a healthy appearance. I was informed by his attendants that a great deal of matter was discharged from the wound during the night. The principal treatment now consisted in keeping his bowels open, and avoiding all exciting causes.

Cold applications continued to his head, and warm ones to his feet when necessary.

His diet has been very light up to this time, in fact scarcely any thing.

31st. To-day the patient appears to be still improving. Is nearly rational: asks for water, &c., whenever he wants it. Can distinguish individuals; comprehend and answer questions. Has some appetite. Same tratment continued. Venesection omitted from yesterday.

Sept. 1st. Still improving. Everything appears to be

favorable, and would go to indicate a speedy recovery. The wound presents a healthy aspect, and continues to discharge some pus of a laudable character. Continue poultices of slippery elm to the part, frequently renewed.

3d. To-day I found the patient still improving. He appears to be perfectly rational—conversing rationally on any topic; the only deficiency being a slight stoppage or impediment in his speech. This he says is because he forgets occasionally what word he should use. He is able to go about the house, and out of doors when the weather is pleasant.

6th. To-day I visited my patient for the purpose of leaving directions for his general management, and to dismiss him. He is now in a manner well, with the exception that the wound continues to discharge a small amount of matter, though of quite a healthy character.

I saw him at this place in October, perfectly well in every respect. The wound has healed up; and the stoppage of speech before alluded to, which he labored under a short time, has entirely disappeared. He is now very stout and robust, being much more fleshy than he was previous to receiving the injury.

The recovery of this case may be said to be an extraordinary one. When I first saw him, considering how long it was after the injury was inflicted before he received any surgical or medical aid, the excssive heat of the season, together with the dreadful character of the injury, I unhesitatingly pronounced his recovery impossible. In this opinion I was corroborated by that of Drs. Geoghegan and Withers, both of whom saw him the day the misfortune happened, and the former frequently during his recovery. This opinion was also entertained by every individual who saw him. In fact, I had but little hope of his recovery for a week after he received the injury.

There are not many cases on record, as far as my memory serves me, where recovery took place after the loss of a

portion of the brain, although such a fortunate result does occasionally happen.

In the case of this young man I could not help but observe and admire the medicative force of nature; and accordingly have set her down as an able and mighty physician.

December, 1846.

ART. III.—*Notes on Epidemic Scarlet Fever and Measles.* By SILAS AMES, M.D., of Montgomery, Ala.

These diseases prevailed in an epidemic form in Montgomery and its vicinity, during a part of the winter and spring of 1844. In their progress they presented some remarkable anomalies, which I propose to describe by some extracts from my note-book. The notes will be found to have but little practical value, but the facts recorded are interesting as opposing a theory of the simplicity of the diseases, which was advocated by Mr. Hunter, and which, having been assumed by Hahnemann as the basis of his therapeutics, his followers, many of them at least, believe to be necessary to the integrity of his system. The reader will observe that the observations extend somewhat beyond the peculiarities of these epidemics, though chiefly confined to them.

The scarlet fever made its appearance in January. The first case that I saw occurred on the 26th of that month; besides the symptoms common to the disease, this case was attended with acute bronchitis. After this time it spread very slowly until the latter part of April, when it declined rapidly, and disappeared finally in May, being most prevalent about the first of April.

The measles began in the latter part of March, were most prevalent in April, and declined in the latter part of May.

Each disease wore the livery of the other in a more marked manner than usual, but each maintained its distinctive features so far that there was no difficulty, in any well marked case, even when the two seemed blended, in determining which predominated. There were two cases in which this difficulty occurred, but the symptoms in both were very mild and the rash imperfectly developed. Before the measles appeared, cough was a frequent symptom of scarlet fever, but afterwards became much more common; and catarrhal symptoms frequently preceded the eruption in the latter. On the other hand, the measles was generally attended with more decided anginose symptoms than common, and occasionally they were of very great severity. In two instances the angina of measles terminated in acute laryngitis, and in one other in croup. So great indeed was the resemblance which the symptoms of the eruptive fever of the one bore to those of the other, that I had occasionally to alter the name on my register after the eruption appeared.

During the continuance of these two diseases there prevailed also remittent and intermittent fevers, diarrhœa and bronchitis, to such an extent that, taking into consideration the number, and the time of the year, either might deserve to rank as an epidemic. I did not observe, however, that the fevers differed from our summer endemic fevers either in their symptoms, or in the effect of the usual treatment; nor did I observe that any other disease prevailing at the same time partook of the characters of scarlet fever or measles; but the latter were greatly influenced by the cause of the remittent and intermittent fevers. The whooping cough, which also prevailed to some extent, was conjoined in several instances, in the same person, with scarlet fever and measles, but could not be said to partake of the nature of either, though the former was somewhat modified by the conjunction, and its danger greatly aggravated. The whooping cough did not disappear with the other diseases, but lingered on, with scarcely a perceptible existence, until the spring of the following year, when it spread more generally. There

were also sporadic cases of pneumonia, pleuritis, and dysentery.

The weather which preceded this unusual assemblage of diseases deserves some notice. Although the quantity of rain which fell was not much greater than common, the fall and winter were remarkable for the number of cloudy and wet days; so much so that the roads got into a worse condition than had been known before, and the untrodden land became miry and unsafe. This kind of weather continued from early in November until about the tenth of February, when it was suddenly displaced by the opening of spring, early as was the season, in more than its usual mildness. Nearly six weeks of uninterrupted dry and warm weather succeeded.

Scarlatina. *Varieties.* Generally anginose.—I saw but few cases of the malignant, and but one of the simple form.

Eruptive fevers.—This was generally remittent, but often continued, in a few cases intermittent, and in a few others congestive. The forming stage was always short, and sometimes there were no premonitory symptoms.

Case I.—G., two years old, was attacked on the 12th of February. He was taken suddenly, while in apparent good health, with a slight chill, followed by moderate fever, hoarseness, and sore throat. On the 14th, he had the usual symptoms of scarlet fever, with cough, except that the type of the fever was that of a regular quotidian intermittent. The exacerbation began about four o'clock in the afternoon, and declined from twelve at night until morning, when the intermission was complete. On the eighth day of the disease the fever assumed a continued form, and the affection of the throat increased in severity, accompanied by urgent symptoms of laryngitis. He died of the latter affection on the next day.

Case II.—Sarah, a young mulatto woman, was attacked suddenly on the 12th of March. I visited her twelve hours afterwards; at which time the skin on the head and trunk was cool, and cold on the extremities; pulse 150, barely dis-

tinct enough to be counted; respiration very quick; delirium; stupor; cough; palate and tonsils much swollen; great restlessness; whispers hoarsely in speaking; no eruption. She died within twenty-four hours from the beginning of the attack.

Case III.—Louisa, aged three years, daughter of Sarah, was attacked on the same day, the 12th. Symptoms the same as her mother's, except that she had no sore throat, and the stupor was succeeded by convulsions. She died within thirty hours from the beginning of the attack.

Angina.—The principal peculiarity in the affections of the throat was the tendency to laryngeal inflammation. This occurred very often, and was the cause of death in many of the fatal cases. The inflammation sometimes covered the pharynx, as far as it was visible, in every direction. The white patches on the fauces did not always cover an ulcer. In several cases I saw dark and fœtid ulcers on the tonsils, and in one on the posterior palatine arch, without other malignant symptoms.

Eruption.—The eruption usually appeared on the second day, but frequently on the third. In a few cases it partook of the character of that of measles: in one case it alternated with it; and in another both eruptions were out distinctly at the same time on different parts of the skin.

Case IV.—B. P., aged eight months, having had whooping cough ten or twelve days, this disease being fully formed, was attacked with scarlet fever on the 18th of April. On the first and second days afterwards the cough was mitigated, but on the third day, the eruption having come out freely, the cough resumed its former violence with whooping. On the fifth and sixth days the eruption resembled that of measles in several particulars. It had taken a darker hue, was in patches, separated by portions of clear skin, contrasting strongly with the affected parts, and was elevated; but the patches were neither so small as in measles nor so circular or crescentic in form. On the seventh day, the eruption

remaining unchanged, he had symptoms of hydrocephalus; on the eighth convulsions; and died on the ninth comatose.

Case V.—H. W., five years old, was attacked on the 15th of April with the usual symptoms of scarlet fever, and cough. On the third day the eruption was very distinct and had the characteristics of this disease. On the fourth day, in the morning, these characteristics had disappeared, and those of measles had taken their place; at the same time his face had become tumid, and his eyes red, suffused, and painful in the usual light. The eruption had now the distinctive signs of measles,—in its appearance on the fourth day, in being accompanied by catarrhal symptoms, in occurring in small patches, circular or crescent shaped, elevated and dark, with intervening portions of skin not affected. On the fifth day, the symptoms of measles were mitigated or absent; the rash though faded had resumed the appearance of scarlet fever, except on a small part of the arms near the wrists, and on the knees, where it had a vivid color, and retained the appearance of measles. On the sixth day, no trace of measles could be discerned except the cough, which was greatly aggravated. The ulcers on the tonsils had become deeper, dark, and offensive; diarrhœa had supervened; the abdomen had become tumid and tender, and the tongue dry and fissured. He died on the seventh day, apparently from enteritis.

Case VI.—L. W., sister to H. W., aged ten years, was attacked on the 23d of April. The symptoms were those common to scarlatina, except an almost continued sweating, which at that time was a common symptom of measles, and that the fever was a quotidian intermittent, distinct and regular, and accompanied by a slight cough. The eruption came out on the third day, and occupied more surface than was common. On the fifth day, a catarrh, as decided as in any case of measles, appeared with an increase of cough. At the same time there was such a marked change in the appearance of the eruption as to be noticed with great alarm

by her mother, who asked me as soon as I entered the room if the disease was changing to measles. Her attention was confined to the eruption, but on examining it carefully I could see no change except in the color: it was darker, and had more of the raspberry tint of measles. On the seventh day, the catarrh continuing, the eruption had disappeared entirely from the face and neck, and was faded everywhere else. On the eighth day of the disease, and fourth of the catarrh, the eruption of measles showed itself very plainly on the face, neck, shoulders, and upper part of the chest. On the ninth day, it was fully developed, without being extended beyond the parts which it occupied the day before. I did not observe any change in the scarlet rash; it did not recede, but remained in the same state as on the seventh day, until the rash of the measles began to fade, and then followed the course of the latter, so that desquamation did not begin before the thirteenth day. After the measly rash came out the fever became continued, without any abatement of the perspiration. The whole course of the complaint was mild, and convalescence went on favorably.

Sine eruptione.—There were seventeen cases of this kind, eight of which occurred in adults; six of the whole number, I was informed, had had scarlet fever; two others I saw with it in 1840, and one other in 1833; neither of the latter was adult.

Complications.—Besides the complications with measles, there were four cases conjoined with whooping cough. Two of these proved fatal. In all of them the cough preceded the fever.

Crisis.—If favorable, generally on the fifth or seventh day; if unfavorable, generally on the ninth. I did not notice any critical discharges.

Sequelæ.—Generally anasarca. I observed in one case an obstinate urticaria during convalescence, and in several cases aphthæ.

Treatment.—I refer to the treatment chiefly for the purpose of making a single observation, viz: that the remedies,

or remedy, which are most successful in the treatment of scarlet fever in the epidemic of one year cannot be depended on, as a general rule, in that of another year. The truth of this observation is admitted by the profession, I believe, in regard to epidemics generally, but there is supposed to be a character of specialty about what are termed specific or contagious diseases, particularly the exanthemata, which secures a uniform result, or an approach to it, from the same treatment whenever they appear. Although the records of medicine afford abundant evidence that this is an error, there are, nevertheless, but few of even our best systematic authors who do not aid in confirming it, by recommending in this class of fevers, a general plan of treatment, depleting or stimulant; frequently giving prominence to a particular remedy of great power, which is intended to be applied at all times when the same assemblage of symptoms is to be combated. My own experience leads to a practical conclusion the reverse of this, and in accordance with the observation made above.

In regard to scarlet fever, this is the third epidemic of the kind I have seen. The first, which preceded the cholera here, began in May, 1833. In this bleeding, general or local, was the most efficient remedy, and, indeed, almost the only one required. Blood could be drawn safely, and generally with the greatest benefit, in either variety, and in any stage of the disease. In the second, which took place in the spring of 1840, being influenced by my knowledge of its benefit in the first, I again resorted to bloodletting, and recommended it to others, with the greatest confidence; but unfortunately with opposite results. It was decidedly and speedily injurious in every instance, apparently rendering mild cases bad ones, and bad ones fatal. There was a tendency to the formation of abscesses about the throat externally; and I observed that after bleeding, the tendency was increased so far that large ones frequently gathered about the puncture of the lancet or scarificator. When local inflammation existed, which was not uncommon, the loss of

blood seemed rather to aggravate than to relieve it, and I am confident, notwithstanding I express the opinion with much hesitation, that in the absence of any local inflammation, bleeding produced it. I do not think I could be mistaken in this opinion, for I had a large opportunity for observation, and the conclusion was forced on me against all that I had seen of the disease, to say nothing of the teachings and prejudices of medical books. A peculiarity in the symptoms led me to the use of cathartics, which proved to be quite as beneficial in this, as bleeding had been in the former epidemic; the result being equally favorable when the tongue was clean, red, and dry, and the evacuations watery. The latter, however, was rarely the case, as in most instances there was an unaccountable accumulation of feces from day to day.* In the third, that of 1844, I derived very little benefit from any constitutional remedies. I varied them sufficiently, and continued them long enough to become satisfied, that neither the bad nor the mild cases were at all influenced by them as *curative* agents. As palliatives, sponging the body with warm or cold water, and, in the congestive variety, hot salt-water baths, and mustard emetics, were of service. In contrast with the treatment in 1833 and 1840, evacuations from the bloodvessels or bowels were never advantageous in this, even as paliatives. I obtained, however, the most decided advantage from the use of a strong solution of nitrate of silver applied to the palate and tonsils; so much so, that seeing so little good effect from other remedies, and becoming satisfied that the greatest danger consisted in an extension of the inflammation of the fauces to the larynx, I came, after a time, to treat the disease almost solely as a local affection. I must add, however, in concluding the subject, that I have

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* Sir Gilbert Blane records a similar fact, in a case of chorea, "in which the vitiated quality, incredible quantity, and long continuance of alvine *sordes*, was such as to bid defiance to all the principles of physiology and pathology to account for."—*El. Med. Logic, sec. IV*

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Case V.—H. W., five years old, was attacked on the 15th of April with the usual symptoms of scarlet fever, and cough. On the third day the eruption was very distinct and had the characteristics of this disease. On the fourth day, in the morning, these characteristics had disappeared, and those of measles had taken their place; at the same time his face had become tumid, and his eyes red, suffused, and painful in the usual light. The eruption had now the distinctive signs of measles,—in its appearance on the fourth day, in being accompanied by catarrhal symptoms, in occurring in small patches, circular or crescent shaped, elevated and dark, with intervening portions of skin not affected. On the fifth day, the symptoms of measles were mitigated or absent; the rash though faded had resumed the appearance of scarlet fever, except on a small part of the arms near the wrists, and on the knees, where it had a vivid color, and retained the appearance of measles. On the sixth day, no trace of measles could be discerned except the cough, which was greatly aggravated. The ulcers on the tonsils had become deeper, dark, and offensive; diarrhœa had supervened; the abdomen had become tumid and tender, and the tongue dry and fissured. He died on the seventh day, apparently from enteritis.

Case VI.—L. W., sister to H. W., aged ten years, was attacked on the 23d of April. The symptoms were those common to scarlatina, except an almost continued sweating, which at that time was a common symptom of measles, and that the fever was a quotidian intermittent, distinct and regular, and accompanied by a slight cough. The eruption came out on the third day, and occupied more surface than was common. On the fifth day, a catarrh, as decided as in any case of measles, appeared with an increase of cough. At the same time there was such a marked change in the appearance of the eruption as to be noticed with great alarm

by her mother, who asked me as soon as I entered the room if the disease was changing to measles. Her attention was confined to the eruption, but on examining it carefully I could see no change except in the color: it was darker, and had more of the raspberry tint of measles. On the seventh day, the catarrh continuing, the eruption had disappeared entirely from the face and neck, and was faded everywhere else. On the eighth day of the disease, and fourth of the catarrh, the eruption of measles showed itself very plainly on the face, neck, shoulders, and upper part of the chest. On the ninth day, it was fully developed, without being extended beyond the parts which it occupied the day before. I did not observe any change in the scarlet rash; it did not recede, but remained in the same state as on the seventh day, until the rash of the measles began to fade, and then followed the course of the latter, so that desquamation did not begin before the thirteenth day. After the measly rash came out the fever became continued, without any abatement of the perspiration. The whole course of the complaint was mild, and convalescence went on favorably.

Sine eruptione.—There were seventeen cases of this kind, eight of which occurred in adults; six of the whole number, I was informed, had had scarlet fever; two others I saw with it in 1840, and one other in 1833; neither of the latter was adult.

Complications.—Besides the complications with measles, there were four cases conjoined with whooping cough. Two of these proved fatal. In all of them the cough preceded the fever.

Crisis.—If favorable, generally on the fifth or seventh day; if unfavorable, generally on the ninth. I did not notice any critical discharges.

Sequelæ.—Generally anasarca. I observed in one case an obstinate urticaria during convalescence, and in several cases aphthæ.

Treatment.—I refer to the treatment chiefly for the purpose of making a single observation, viz: that the remedies,

or remedy, which are most successful in the treatment of scarlet fever in the epidemic of one year cannot be depended on, as a general rule, in that of another year. The truth of this observation is admitted by the profession, I believe, in regard to epidemics generally, but there is supposed to be a character of specialty about what are termed specific or contagious diseases, particularly the exanthemata, which secures a uniform result, or an approach to it, from the same treatment whenever they appear. Although the records of medicine afford abundant evidence that this is an error, there are, nevertheless, but few of even our best systematic authors who do not aid in confirming it, by recommending in this class of fevers, a general plan of treatment, depleting or stimulant; frequently giving prominence to a particular remedy of great power, which is intended to be applied at all times when the same assemblage of symptoms is to be combated. My own experience leads to a practical conclusion the reverse of this, and in accordance with the observation made above.

In regard to scarlet fever, this is the third epidemic of the kind I have seen. The first, which preceded the cholera here, began in May, 1833. In this bleeding, general or local, was the most efficient remedy, and, indeed, almost the only one required. Blood could be drawn safely, and generally with the greatest benefit, in either variety, and in any stage of the disease. In the second, which took place in the spring of 1840, being influenced by my knowledge of its benefit in the first, I again resorted to bloodletting, and recommended it to others, with the greatest confidence; but unfortunately with opposite results. It was decidedly and speedily injurious in every instance, apparently rendering mild cases bad ones, and bad ones fatal. There was a tendency to the formation of abscesses about the throat externally; and I observed that after bleeding, the tendency was increased so far that large ones frequently gathered about the puncture of the lancet or scarificator. When local inflammation existed, which was not uncommon, the loss of

blood seemed rather to aggravate than to relieve it, and I am confident, notwithstanding I express the opinion with much hesitation, that in the absence of any local inflammation, bleeding produced it. I do not think I could be mistaken in this opinion, for I had a large opportunity for observation, and the conclusion was forced on me against all that I had seen of the disease, to say nothing of the teachings and prejudices of medical books. A peculiarity in the symptoms led me to the use of cathartics, which proved to be quite as beneficial in this, as bleeding had been in the former epidemic; the result being equally favorable when the tongue was clean, red, and dry, and the evacuations watery. The latter, however, was rarely the case, as in most instances there was an unaccountable accumulation of feces from day to day.* In the third, that of 1844, I derived very little benefit from any constitutional remedies. I varied them sufficiently, and continued them long enough to become satisfied, that neither the bad nor the mild cases were at all influenced by them as *curative* agents. As palliatives, sponging the body with warm or cold water, and, in the congestive variety, hot salt-water baths, and mustard emetics, were of service. In contrast with the treatment in 1833 and 1840, evacuations from the bloodvessels or bowels were never advantageous in this, even as paliatives. I obtained, however, the most decided advantage from the use of a strong solution of nitrate of silver applied to the palate and tonsils; so much so, that seeing so little good effect from other remedies, and becoming satisfied that the greatest danger consisted in an extension of the inflammation of the fauces to the larynx, I came, after a time, to treat the disease almost solely as a local affection. I must add, however, in concluding the subject, that I have

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* Sir Gilbert Blane records a similar fact, in a case of chorea, "in which the vitiated quality, incredible quantity, and long continuance of alvine *sordes*, was such as to bid defiance to all the principles of physiology and pathology to account for."—*El. Med. Logic, sec. IV*

been informed, on authority that does not permit me to doubt the fact, that Dr. Guild treated the scarlet fever which prevailed in Tuscaloosa at the same time, very successfully, with colchicum, a remedy which I did not use.

Measles. *Eruptive fever.*—Generally remittent; frequently intermittent; rarely continued. In a few instances the catarrhal symptoms did not appear before the eruption; sweating was common in this as well as in the stage of eruption. Vomiting was also a common symptom, ushering in the disease as in scarlet fever.

Case I.—W. P., three years old, was taken with measles on the 25th of April. Fever, a tertian intermittent, with continued perspiration except at the very beginning of the exacerbation; the cold stage, if any, was not noticed. On the fourth day, when the eruption came out, the fever remitted only, and afterwards became continued. On the ninth day, the measles having finished its course in the usual way, there was an intermission; on the tenth day, an exacerbation of fever, preceded by a slight chill. On the eleventh day, an intermission; and on the twelfth, another exacerbation. He took quinine on the next day and night, and had no return of fever.

Case II.—J. H., aged five years, was attacked on the 28th of April. Fever, a quotidian intermittent, accompanied with profuse sweating. The fever continued to have this form, with the usual symptoms of measles in other respects, until the fourth day, when the eruption appeared, and the fever remitted only; afterwards there was no remission till the disease terminated.

I saw several other cases of this kind; the fever, previously intermittent, remitting on the day of the first show of the rash and then becoming continued as soon as the rash had come out fully.

I have neglected to state, in the proper place, that the appearance of the rash in scarlatina did not perceptibly change

the type of the fever. The fact, however, is exemplified in case 1.

Angina.—This was of extraordinary severity in a majority of the cases which occurred previously to the first of May. There was not often white patches, nor ulceration of the throat. I have noted but four cases, two of which had laryngitis. One of the latter proved fatal; the laryngeal affection coming on on the same day, and terminating on the ninth. In one other case the inflammation attacked the trachea, producing the ordinary symptoms of croup. In this case the throat was not ulcerated.

Eruption.—In most cases the papillæ were elevated on the extremities, and the itching of the skin was very annoying. In two cases the eruption resembled that of scarlet fever.

Case III.—A. P., aged eighteen months, was attacked with measles, after having had scarlet fever, before convalescence was established, and whilst the skin was still discolored by its rash. She had great soreness of the throat, with swelling of the tonsils, on which could be seen two or three aphthous patches, and her tongue was like the tongue in scarlet fever. She had diarrhœa also, which was then a common symptom of measles. The eruption bore a greater resemblance to scarlet fever than to measles.

Case IV.—Mrs. E., was taken with a chill on the 4th of June; had a quotidian intermittent fever until the 7th, when it changed to a continued type. She had from the first catarrhal bronchitis, and also some soreness of the throat.—On the 9th an eruption came out on the face, breast, and arms, which spread during the day and night over the rest of the body, including the lower extremities. I visited her on the 10th; the eruption had all the characters of scarlatina (levigata) with a very troublesome itching of the skin. When examined from a little distance, there were perceptible on the face and neck, but not elsewhere, through the otherwise uniform scarlet blush, a number of darker spots, not elevated, representing very accurately the flea-bite appearance of the eruption of measles.

The following table will show the number of cases of scarlet fever and measles in my own practice, and of other diseases that prevailed at the same time, with their relative mortality:

	No. of cases.	deaths
Scarlet fever,	64	5
Scarlet fever conjoined with whooping cough,	4	2
Measles,	30	2
Measles, with whooping cough,	6	4
Whooping cough,	16	..
Remittent and intermittent fevers,	78	..
Diarrhœa and dysentery,	50	1
Bronchitis, pneumonia, and pleuritis,	46	1

Montgomery, Dec. 22, 1846.

ART. IV.—*Remarks on the Pathology and Treatment of Fever.* By JAMES C. HARRIS, M.D., of Wetumpka, Alabama.

In entering upon the discussion af this part of our subject, we shall confine our remarks to those varieties of the disease commonly designated intermittent, remittent, and yellow fever, as embracing all the forms which during the summer and fall seasons prevail in South Alabama. With the exception of the latter variety, which seems to require for its production a higher and longer continued temperature, and a nearer approximation of the dew point to the same, all these fevers appear to be the result alone of malaria, aided, perhaps, by atmospheric vicissitudes and constitutional predisposition.

That the above positions are, as a general rule, correct, is evident from their prevalence at the same seasons, and in the same localities, and from their frequently running into one another. Upon this subject Professor Caldwell, speaking of the yellow fever of Philadelphia in 1803, observes: "As it receded from the low ground and malignant atmos-

phere of water street, it became more and more mild and manageable, until its evanescent shades in second street were in many instances much lighter than the common remittent of the country." Drs. Rush, Ramsay, and Davidge all speak of the simple intermittent, remittent, and yellow fever as prevailing together, and running into each other, or which was more generally the fact, the former being gradually swallowed up in the latter, establishing the position beyond the possibility of a reasonable doubt, that there is nothing in the atmospheric constitution necessary to the production of intermittents and remittents, that precludes the prevalence of yellow fever. But that any one has hitherto been able to establish an exact identity of cause, we have yet to learn. The mere circumstance that in a great many intermittent and remittent fever districts, yellow fever never appears even sporadically, is of itself sufficient, notwitstanding that remittents may prevail in yellow fever regions, to establish the necessity of some other agent or sensible atmospheric alteration. We know that the power of absorption in the air is increased in proportion to its dryness and temperature, and that vicissitudes in its thermometrical, hygrometrical or barometrical states can seldom occur singly. Thus, for example, when the air is warm and consequently more rarefied, the barometer sinks, whilst its capacity for aqueous vapor is increased. By a careful examination of the meteorological tables kept at New Orleans and Natchez,* during the autumnal months of the years 1839 and 1840, in addition to obtaining a clear comprehension of the foregoing principle, we may learn that notwithstanding the excessive heat and dryness of the summer and fall of the former of those years, the barometrical difference at the same point, and even at different places, was but trifling during all that period; ranging, at New Orleans, in 1830, but little higher than it did at Natchez in 1839, al-

* American Almanac, and Hogg on yellow fever. Western Journal, June, 1840, page 404.

though the mean monthly heat was not much greater at the latter place in 1839, than it was in New Orleans in 1840.

From this it is clear that the geographical position and local peculiarities of Natchez under high and long continued heat and dryness, are such as to supply a sufficiency of moisture by evaporation to produce highly concentrated malaria and by the power of absorption, thus suddenly acquired, approximate the dew point very nearly to the temperature, producing that close, sultry state of the air, and that absence of the morning dews so graphically described by Dr. Monette,* as occurring there during the prevalence of yellow fever in 1839. We are informed by this writer, that at Natchez from the 1st of June, until the last of September of the same year, the thermometer ranged from 85° to 95° in the shade, and at the coolest hour of the night from 75° to 80°. In towns and cities, he continues, the reflected and radiated heat increased the extreme temperature to 88° and 96°, by day, and from 78° to 83° by night, the sea breeze at New Orleans reducing the temperature some two or three degrees lower than it was at Natchez, as was ascertained by comparing the tables of Dr. Tooley, of Natchez, with those kept at the Charity Hospital in New Orleans.

In closing this part of our subject we would remark, that the comparative or total exemption from yellow fever of the Island of Bermuda, the town of Campeachy, the Island of Pettites Coquilles, and the beautiful village of Vidalia, opposite Natchez, as well as of all other cities, towns, and villages within the regions heretofore designated as the common or occasional theatre of yellow fever, seems to us to be dependent upon the absence of malaria in sufficient quantities to co-operate with the atmospheric alterations heretofore indicated. It is alone upon the principle of their joint action that we are able to account for the occasional exemption of the cities of New Orleans, Mobile, and Savannah from yel-

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* Monette on yellow fever. West. Jour., May, 1842, p. 327.

low fever whilst a brisk trade is maintained between them and the ports of Havana and Vera Cruz, while the disease is raging in the latter cities. So fully is this principle recognized and acted upon, that Commodore Conner, so soon as he is informed of the appearance of yellow fever on board any of the vessels of his command, orders them to be thoroughly cleansed and put to sea; and this is always attended with the happiest results, no more cases occurring after the ships have passed beyond the influence of the malarial land breeze, unless it be an occasional 'light attack,' in the persons of those whose systems had been thoroughly charged with malaria before leaving port.

Respecting the more immediate action of the remote causes of fever, we refer the reader to an article by the writer, on this subject, in this Journal for June, 1846. In this paper one of the positions taken was that the first impression made by malaria upon the system, is upon the blood in the lungs, and through the organic changes and morbid alterations thus effected, weakened action of the heart and perverted nervous action follow as a necessary consequence; that from a law both of the nervous and muscular systems they must act and repose by turns; that, owing to the connection existing between them and all other parts of the system, every paroxysm excites in the system a general disturbance; creating congestions, which end in local inflammation in some one or more of the different organs, and which become a new source of irritation, and aid in perpetuating the circle of morbid phenomena.

In the same communication it was also contended, that many of our most important remedies in fever reached the seat of morbid action through the medium of the circulation. Quinine we suppose to be one of these. Always a 'stimulant,' its peculiar effects upon the skin, the circulation, and the nervous system, depends upon their state at the time of its administration. Upon this subject we are happy to find that we are pretty fully sustained by the recent experiments of Dr. Mendenhall, of Cincinnati, detailed in the American Jour-

nal of the Medical Sciences, for July, 1846. This remedy in the hands of those who entertain different views concerning its operation, and who are in the habit of prescribing it at the time of high febrile excitement, to the almost entire exclusion of the lancet, the cold bath, and mercurial cathartics, are, in our opinion, doing more injury to the constitutions of their patients than ever resulted from the employment of any other vegetable remedy. Why, in the treatment of fever, where a furred tongue, nausea, and torpor of the liver and bowels, with yellowness of the skin, exist to a considerable extent, any good results should be expected from the use of a remedy which does not evacuate in any sensible manner, and which, according to some, is a powerful narcotic, is to us passing strange. Quinine has been known to produce symptoms such as to excite in the patient fears of approaching dissolution, while ringing in the ears, giddiness, nausea, deafness, loss of vision, stranguary, and paralysis of the tongue, are occasional effects of its administration. Such a remedy should certainly be prescribed with more caution, and with greater discrimination as respects the different states of the system.

From what has already been advanced it will appear that we do not look upon fever in its incipient stages as having any local organic habitation within the system, becoming local secondarily from violent febrile reactions and the greater weakness of some particular organ. Those most usually affected, according to the report of ten cases of remittent fever, which occurred in the Baltimore Alms House Infirmary, collected and reported by Drs. Anderson and Fricke,* were the brain, the lungs, the heart, stomach, and intestines, spleen, liver, and gall-bladder. Of these, the spleen in every instance gave evidence of enlargement and softening, and in nine out of the ten cases, was of a bluish black color. The liver was also in every instance abnormal, being in color either

* American Journal of the Medical Sciences, for April, 1846.

bronzed, or like that of slate. In seven cases out of the ten in which the gall-bladder was examined, it was found distended with a thick grumous bile resembling molasses, and in the eighth case moderately so, with straw colored bile. Although derangements in other forms of malarial fever, similar to those already described, frequently occur, every system, and every organ in the body becoming occasionally diseased during their progress, death resulting from one or many local inflammations, still, from the want of uniformity in their seat and extent, we are compelled to view them in the light of secondary complications, and treat them accordingly.

Symptoms.—Every practitioner is familiar with the symptoms of simple intermittent fever; we shall therefore pass them over, with the single remark, that it must be borne in mind that, in different individuals, the symptoms usually detailed as occurring in regular succession, and at stated periods, frequently prevail in different degrees, and that the several stages in the time they occupy may be in different proportions to one another. But in all, distinct remissions and exacerbations mark the disease. The most frequent varieties in Alabama are the quotidian and the tertian.

An attack of remittent fever is most generally preceded for several days by languor, slight headache, unpleasant taste in the morning, loss of appetite, and pain in the joints.—The first paroxysm is usually ushered in by a slight sensation of coldness in the small of the back, attended with shivering, which sometimes amounts to a light chill, or even an ague. During this stage the tongue is moist and loaded down the centre with a dark brown or light gray fur, and the patient is harassed with intolerable pains in the loins and joints, attended with nausea and vomiting. The pulse is small, soft, and weak, gradually increasing in force and frequency until it rises during the stage of excitement to 130 or 140 in some instances, abating generally during the remission, but never coming down, unless assisted by well directed remedies, to the healthy standard. During this stage

the respiration is hurried, the tongue furred in the centre and red around the edges, and dry; excessive irritability of the stomach is also present, the matters ejected by vomiting being generally those most recently swallowed, mixed with bile sometimes of a healthy appearance, at others of a dark or bluish green color. The bowels are variously affected; sometimes they are costive, at others inclined to diarrhœa. When the latter condition obtains, the dejections are frequent, of a reddish cast, containing mucous flocculi which are passed with griping, attended with more or less abdominal tenderness. The urine is scanty and high colored, the thirst great, and the sense of debility extreme, although the patient is able to turn himself in bed, and rise without any assistance. The skin, which is hot and dry, assumes in some cases a jaundiced hue; there is pain in the head, attended with anxiety and restlesness, and, when the fever rises high, delirium.

Where the foregoing symptoms are left to run their course unchecked by any remedial means, low, muttering delirium, subsultus tendinum, picking at the bedclothes, involuntary discharges, coldness of the extremities, and hiccough supervene, and make up the symptoms that close the scene in death .

In this variety, the cold stage is scarcely ever so long or so distinctly marked as it is in intermittent fever, and never returns; there is also an augmentation of all the other symptoms in violence and duration, and although there are slight remissions and exacerabations occurring daily, they are generally, if noticeable at all, most clearly marked every third day.

The inflammatory variety most frequently prevails during a dry hot season, and generally attacks sanguine, plethoric individuals from northern latitudes, and in the most severe and fatal cases is attended with yellowness of the skin and eyes, and vomiting of a brown, blue, or black bile. Its type in either the newly arrived or the native, is much more continued than any other variety. The heat of surface, anxiety, restlessness, and tension of pulse are always greater and

more distressing than they are in the ordinary intermittents and remittents of the country.

Ever since we came to this country, during dry, warm spells of weather in the summer and autumn, we have met with cases of the above description, and frequently found the other forms blending with and assuming its type to an extent sufficient to cause us to make some modification in our general plan of treatment.

Congestive Fever.—This variety we have long since learned to regard as frequently occurring as a modification in other forms of febrile action, and at any period of the attack; and when complicated with inflammation of the viscera of any of the large cavities it is one of the most severe and fatal of our epidemics. It is observed in places, and at times in which the endemic causes are intense, and concentrated relatively to the state of the predisposition. It is ushered in by a prolonged sense of cold, and universal collapse of the vital powers.* Dr. Parrish† in his strictures upon the term 'congestive,' remarks that Dr. Charles Parry, of Indianapolis, and Dr. R. G. Wharton, of Grand Gulf, have given the most correct account of this variety, as it appears in the localities where they respectively reside. Their account is as follows, and, somewhat modified, suits the character of the disease as it appears throughout the Southern portion of Alabama:

"General coldness of the surface, with a cold clammy perspiration upon the skin of the extremities, intense thirst, with precordial heat, bloody, or red, serous evacuations from the bowels, attended with but little abdominal pain, or tenderness on pressure, great irritability of stomach, with nausea, and frequently vomiting, with a weight and burning at the epigastrium. The respiration is irregular, sighing, and peculiar, and attended with a horrible sense of suffocation, which induces the patient to insist upon getting up, and going into

* Forry on Climate, page 287.
† American Journal of the Medical Sciences, for April, 1845.

the open air; great restlessness with surprising muscular strength throughout, the sufferer being able to rise from bed and walk about the room whilst he is pulseless. The tongue is most usually moist and covered with a dark brown or white fur, and the pulse, when it does exist, is thready and very frequent. The eyes are clear and pearly, and the intellectual faculties are retained with surprising pertinacity. In a large majority of instances, where the attack is ushered in by all or a larger portion of the foregoing symptoms, the powers of the system although unaided by any remedial means, will be found, sooner or later, competent to reaction from the first stage of collapse or chill; but as this form is subject to the general law of periodicity to perhaps as great an extent as any other grade of autumnal fever, twenty-four or forty-eight hours will find the sufferer plunged into another chill or stage of collapse, worse, if possible, than the first, and from which he will be recovered with difficulty."

The reaction, as a general rule, is feeble; the remissions, as remarked by Dr. Boling, "being indicated more by a tendency to the natural temperature, than by any decided mitigation in the other symptoms.*

Having never resided in autumn where yellow fever prevails, we have nothing to offer respecting this formidable scourge of our southern borders, further than what has been already advanced.

Treatment.—In this, the first thing to be done is to ascertain if possible what type the fever has assumed or is likely to take on, and until this is accomplished any plan of treatment must be of a doubtful, if not of a positively injurious tendency. As remittents may by judicious treatment be converted into intermittents, these, on the other hand, for the want of a correct understanding of their character, may assume the remittent, or even the more formidable congestive type.

* American Journal for April, 1846, page 308.

Quinine seems of late to constitute no inconsiderable portion of the therapeutic means of many of our southern brethren. Unaided it can, in our opinion, be relied upon in intermittent fever only during the first two or three paroxysms, and not even then provided there be hepatic derangement, which is almost universally present at the commencement of most of our cases. Complications, too, of a local character early arise, requiring other means of cure.

Purgatives and the lancet will now have to be conjoined with quinine—the latter to be used according to the judgment of the practitioner, derived from the amount of local pain and other signs of inflammation. In a large majority of cases, in the first instance, quinine to arrest periodicity, and calomel and the lancet to break up local inflammations, will be found sufficient to give relief. But as this disease is peculiarly liable to return from slight causes, any irregularity in diet, or change in the weather being found sufficient to bring on a relapse, and as they sometimes under such circumstances induce at length a depraved state of the fluids, owing to which they continue to recur, a different plan of treatment becomes necessary. Quinine will no longer answer the purpose.

The blood requires to be renewed, and for this purpose *iron*, or some of its preparations, will be found preferable, associated with some vegetable bitter. The carbonate in pills, and the tincture of the muriate are the preparations which we have most generally used. In some very obstinate cases, and where a hebdomadal tendency was clear, we have effected some very remarkable cures by correcting the secretions with an occasional mercurial cathartic or two, anticipating the chill with quinine, and then, during the remission, administering some one of the preparations of iron. But where all these means fail, which is sometimes the case, and where dropsy or phthisis is threatened, we would advise a change of residence, and the adoption of such means as are best calculated to restore the deranged viscera to healthy action, and impart tone and vigor to the system.

We might here very properly make some remarks upon the treatment of congestive fever—*algid intermittent;* but as we have reserved this variety for a more particular consideration hereafter, we proceed to notice the other varieties. In these, the use of the lancet and mercurial cathartics, as a general rule, are much more imperiously demanded than in the preceding. The former we employ for the purpose of reducing arterial action, warding off local determinations, and relieving them when in existence. The latter we administer for the purpose of disgorging the liver and removing local congestions; and notwithstanding the odium which has been heaped upon *calomel*, we cannot but regard it as one of the most efficacious remedies in the treatment of fever. That it has been frequently abused we do not doubt; but this ought not to be urged against its judicious employment. So long as practitioners continue its administration in three and four grain doses, in combination with opium or some one of its preparations, hour after hour, and day after day, until mercurialization results, it must continue to be unpopular. It is, however, believed that better views are beginning to prevail with the profession, and that the fear of hypercatharsis and watery purging from ten grain or scruple doses of calomel uncombined, is fast giving way. That such doses are much more certain to produce free, consistent bilious purging, with much less danger of permanent injury to the system, we are thoroughly satisfied. We would then commence the cure of either remittent or inflammatory fever, where the pulse was full and tense, and the other attendant symptoms seemed to require it, with a free bloodletting, and the administration of twenty or thirty grains of calomel. The latter we direct to be carried off, if necessary, in the course of ten or twelve hours, by a dose of castor oil. After the operation of the first dose, the calomel should be repeated daily, or every other day, according to the urgency of the symptoms, the condition of the tongue and the effects produced. During this time, should slight pain or tenderness arise in

the abdomen, it may be very successfully combated by the application of warm mush or pepper poultices. Should the bowels incline to watery purging, ten grains of calomel in combination with a grain of the acetate of morphia, and the same dose repeated at the end of two or three hours, will generally be found to answer the ends desired. We make it a general rule, during the fall season, to check the operation of calomel with a dose or two of morphia, where there is the least disposition shown to watery evacuations. This course we consider indispensably necessary to the preservation of the strength of our patient. When the tone of the system is sufficiently lowered, and the secretions are established, which in remittent fever, in most cases, will take place in three or four days, quinine, given in ten or fifteen grain doses, will be likely to result in a complete solution of the fever. Although we agree that there is no absolute or fixed standard of symptoms necessary to constitute a remission, still in our experience it has only been in cases where the remissions have been clear and well marked, and where an evident tendency to a solution existed, that we have derived any decided benefits from the use of this remedy.

In the inflammatory variety, so far as our observation extends, quinine is but seldom if ever admissible. The type here is evidently 'continued,' requiring during the early stage, the liberal use of the lancet and mercurial cathartics, conjoined with the cold bath, affusion or sponging. For the intolerable pain in the head, cups between the shoulders, or to the temples, and cold applications, will be found to give considerable relief. We have also in some instances derived considerable advantage from the warm bath, which has reduced the pulse, softened the skin, and relieved the general restlessness more effectually than cold baths.

Congestive Fever.—In this type of fever, quinine, the cold dash, and mustard poultices are the leading remedies. As regards the use of quinine, our practice has been to give it in anticipation of the chill, rather than during its actual exis-

tence. We commence eight or ten hours before the expected cold stage, no matter whether it occurs daily or every other day, and give from five to six grains every hour or every two hours until twenty-five or thirty grains have been taken. This is generally attended with good effects. Sometimes in combination with each dose we give from the eighth to the fourth of a grain of the acetate of morphia, and from five to six grains of capsicum, and direct, at the same time, a strong tea of this article, which, in our hands, relieves the nausea to a greater extent than any other that we have ever tried.

The use of the *cold dash*, we are informed, originated in this State with Drs. Fearn and Erskine, of Huntsville, and may be safely practised after the following manner: The patient being first stripped and placed upon the floor, cold water is then poured upon him from a pitcher, or thrown with some force from a bucket all over the body. He is then wiped dry, placed in bed and well covered; from ten to fifteen grains of quinine are then administered.—Should warmth and natural perspiration not succeed in the course of one or two hours, the dash and the quinine are repeated and seldom fail to restore action. When there is hepatic derangement, or local inflammation, calomel in combination with quinine becomes necessary; and calomel, quinine and morphia are demanded where there is either a laxity of the bowels, or a disposition to serous evacuations.

The 'cold dash,' so far as we are informed, has been but little used by the physicians of Southern Alabama; but that it is a safe and valuable remedy, and entirely applicable in the first or second paroxysm of an algid intermittent, or in the stage of collapse early supervening in any variety of fever, we are thoroughly convinced. We would earnestly recommend it as well calculated to bring about reaction under such circumstances.

During the stage of oppression or collapse, the external application of heat by hot stones, or bottles filled with hot

water, together with frictions to the extremities and surface with dry mustard, and with capsicum in spirits, sinapisms and blisters to the spine and extremities, aided by the internal administration of the most powerful stimulants, have all been practised time immemorial. Dr. Baldwin, of this State, has recommended the application of mustard poultices in this condition of fever, and speaks in strong terms of their efficacy. (See this Journal for January, 1845.) Quinine and calomel are also administered in suitable doses, during and after their application, and the practice is represented as being attended with very good results.

Emetics during the fall season, owing to the irritability of the stomach and the disposition to collapse, we consider as positively contraindicated. Piperine is also considered objectionable on the ground that it is apt to irritate the mucous membrane of the stomach, and thereby add to the nausea and vomiting so often attendant upon fevers.

Of the other measures called for in the treatment of fever, we shall only remark that blisters, ice, cold water, and Dover's powder, are all remedies of great value in their proper place.

In conclusion, we would remark that the success of practitioners in the treatment of fever, will be in proportion to their judgment, experience, and power of adapting their remedies to the different stages of the disease. No physician possessing these qualities will adhere blindly to any particular plan, but will modify his measures so as to meet the exigencies of each case. It is not possible for any man long to pursue the practice of physic without having forcibly impressed upon him, that every new epidemic is a new problem, which he must solve. The plan of treatment pursued so successfully last year is found ineffectual this; and the one which, after many trials, has at length been adopted in the disease of the present season, may be unsuited to the disease which another season shall bring with it. The conclusion is, that the physician who is true to the high interests

of his profession must continue to be a student to the end of his days, carefully noting the varying phases of disease, and so shaping his remedies as to suit their altered characters. The foregoing remarks on autumnal fevers are submitted with a deep sense of their imperfection, but in the hope that something of practical utility may be found in them, and that they may afford aid at least to the young practitioner in his responsible duties at the bed-side.

November, 1846.

ART. V.—*A Notice of the Grayson Springs.* By LUNSFORD P. YANDELL, M.D.

The present proprietor of the Grayson Springs, in the summer of 1833, learning that quite a number of infirm people had gone to them in the woods, and were encamped about them in tents, was induced to purchase and improve them. It seems that, many years ago, they acquired, by some accident, a reputation for curative virtues, and this they have continued to enjoy. On a visit to the spings last summer, I met with a large company of invalids, and learned from many of them that they had not been disappointed in their hopes of renovated health from the use of the waters. I saw some lodged in hired cottages, near the springs, who were not able to pay for board at a tavern, and had brought with them their beds, provisions, and cooking utensils—a fact which testifies to the strong popular faith in the efficacy of these springs.

The springs, issuing within an acre of ground, are five in number, and, although differing in temperature, and slightly in taste, contain essentially the same ingredients. The Rock spring is the coldest; the Stump spring is so warm as to be unpalatable, and its water is chiefly used to supply the bath-house. The water of the Centre, Moreman, and McAtee springs has a pleasant temperature. Of these the latter is perhaps the favorite fountain. It takes its name from an

early visiter, a lady, whose health is said to have been restored by the use of its waters.

The following are the ingredients found in these springs:

Sulphuretted hydrogen,
Carbonic acid,
Carbonate of magnesia,
Carbonate of lime,
Carbonate of iron,
Sulphate of magnesia.
Sulphate of lime.

Sulphuretted hydrogen is the most characteristic constituent of the waters, and, with the carbonic acid, renders them light. The first effect of drinking them is an increase of perspiration; the bowels are generally gently moved, and the appetite and powers of digestion improved. To generalize, the action of the Grayson springs may be said to be gently tonic, laxative, and alterative.

These springs occur in a different formation from the other noted mineral springs of Kentucky; as they also differ materially from most of them in their constitution. Sulphate of magnesia is the most prominent ingredient in the Harrodsburg springs, which is recognised by its bitter taste; and although the same article is found in the Grayson springs it is in too minute a quantity to affect the taste of the water, which is sweetish. The Blue, Bigbone, and Drennon's Licks, the Olympian and Paroquet Springs, all abound in common salt, which is absent from the waters of Grayson. They all, except the Olympian, occur in the Blue Limestone, the oldest of our fossiliferous rocks; the Grayson springs are found in the Carboniferous limestone, immediately below the coal series. The stratum from which they issue is the same in which the Mammoth Cave occurs,—the *Pentremital* or uppermost layer of the most recent of our limestone rocks. In this rock, in the immediate vicinity of the springs, Pentremites, Archimides, and many new and most beautiful species of Encrinites, are found. The locality is one of exceeding interest to the geologist.

Louisville, Jan. 26th, 1847.

BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Thoughts on the Effects of Age on the Human Constitution. A Special Introductory.* By CHARLES CALDWELL, M.D., &c.

Lecture on Obstetrics and the Diseases of Women and Children. By GUNNING S. BEDFORD, M.D., Professor of Obstetrics and the Diseases of Women and Children in the University of New York.

The elaborate lecture of Professor Caldwell opens with the following remarks:

"The vital condition is not only *divisible;* it is actually *divided, by nature* herself into *two forms*—a *latent* or *dormant*, and an *overt* or *active* one. Of these, the former shows itself in vegetables, especially in their *seeds*, and in multitudes of species of the lower orders of animals, when in a state of hybernation. It is a well known fact, that many of these forms of living matter have continued in a condition of *dormant vitality* for hundreds and thousands of years. And to prove that they positively *were* in that condition, they have been subsequently awakened to *active* vitality by suitable stimulation. There are now *peas* and *wheat*, in certain parts of Europe, the products of seeds discovered in Herculaneum, where they had lain dormant for nearly *two thousand*, and in the catacombs of Egypt, where they had lain in a like condition, upwards of *three thousand* years. And, had those seeds not been in a *vital* condition, during this protracted perion, I need, hardly add, that they could not have been roused into *overt* life, by *any* kind, or *all* kinds of stimulation that could have been employed for the purpose. Even an *attempt* to stimulate *dead matter* would involve an absurdity. Nor, had they not been held together by the *vital principle*, would they have retained their form a twentieth part of the time that they *slept in their dormitories.*"

Man knows nothing of this dormant condition; active vitality belongs to him, and from its commencement to its close his life "exhibits an unbroken chain of ceaseless action and ceaseless change." But this change occurs only in his material frame, his mind remaining unchangeably the same through every period of his life, from infancy to old age. And yet the mind seems to change. It is feeble in the newborn child, strong in manhood, and again sinks into imbecility with advancing years. "The reason of these changes in mental manifestations does not consist in any alteration in the mind or spirit itself; but in an alteration in the body, the instrument on and by which alone the mind operates *in all* sublunary concerns."

The life of man consists of a number of periods, the characteristics of which are severally pointed out in the lecture. We quote the remarks of the author respecting the first of these periods:—

"At the commencement of their *uterine* period the elements of the future man can hardly be said to possess real solids or real organization. The *germinal vesicle* and the *embryonic cell*, together with all that immediately surrounds them, are nothing but specks of mucus or gelatin, without any shape that can be called *significant*—significant I mean of the figure and character of the being they are to produce. But they are *living* gelatin, and possess a plastic power which it would be hardly extravagant to denominate *marvellous*. It is certainly one of the most singular and striking that is in any case exercised by living matter. It is to this effect.

"The elements of the embryos of all kinds of animals are precisely alike. At least they resemble each other so accurately, that the ablest minute anatomist and observer, armed with the best microscope ever constructed, cannot distinguish one of them from another. The germinal elements of the fish, the reptile, the bird, the quadruped,—and even of man, appear to be *identical* in form and composition, and nearly so in size. Yet do they, in the progress of their development, put on each its generic and specific form, and exhibit its corresponding instinct and qualities. The fish swims, and lives and acts conformably—the reptile crawls — the bird

flies—the quadruped walks, runs, and leaps—and man stands erect, with his "*os sublime*," and manifests the superior attributes of his superior organization. Of the vegetables the same is true. Their germinal elements appear to be *identical*. Yet do they put forth in time products marked by that infinite diversity of shape, size, color, taste, and smell which characterizes the countless hosts of the vegetable kingdom."

Of all the periods, decadence is the only one not fixed by nature. Happily, this is left somewhat to our control.—"Each man that enters it," says the lecturer, "is so far master of it that he can either protract or curtail it to an important extent." The author has allusion rather to the mental than the corporeal powers; and yet by temperance, he insists, and insists correctly, the physical decay of man may be averted much longer than it usually is.

Professor Bedford's lecture, although introductory, discusses practical questions of the gravest import, of which the following quotations afford fair specimens:

"Another common error in practice is to impute the various ailments of the female to *falling of the womb;* and hence, if we are to credit what is said on this subject by certain practitioners, *falling of the womb* is the true cause of all female complaints. It would, indeed, be much nearer the truth to affirm that this affection is very commonly the result of carelessness on the part of the physician in not detecting at an early period, a disease of the cervix of this organ, which, by being suffered to progress, terminates in chronic engorgement, thus causing the uterus to descend, and producing a veritable prolapsion. It has been shown by Lisfranc, to whom the profession is under deep obligations for the light he has thrown on the causes and treatment of affections of the womb, that *prolapsus uteri* is rarely a primary disease, but usually consequent upon enlargement of the *cervix*, which, by its increased weight, pulls the uterus into the vagina. With this simple explanation, which undoubtedly is based on facts, it must be evident that the very means usually resorted to for the cure of falling of the womb, are the direct agents of mischief—they not only do no good, but are positively injurious. Every medical man, who possesses a

proper knowledge of his profession, is well aware that this disease is extremely rare among unmarried ladies. What, therefore, must be the character of a practitioner, who can see no other cause for the sufferings and ill-health of a young lady, than *falling of the womb*, and consequently subjects her to the most cruel and unjustifiable examination. I have heard of several young creatures in one family, averaging from sixteen to eighteen years of age, condemned to this most shameful desecration of their persons.

"During the last winter, I was requested to visit professionally a married lady from the State of New Jersey. The history of her case was simple and to the following effect:—In June, 1842, she experienced uneasiness in the region of the womb, and slight pain in passing water. There was more or less discharge of mucus from the vagina, and sexual intercourse occasioned at times great distress. These were the incipient and only symptoms of her malady. A physician was consulted, and immediately pronounced the disease *to be falling of the womb*. Pessaries were introduced —abdominal supporters applied, but without affording any relief to the suffering patient; whilst, on the contrary, the pessaries tended to aggravate the pain by the pressure they exerted on the seat of disease. Another practitioner was consulted, and reiterated the opinion already advanced.—Having continued under his care for more than ten months, without deriving the slightest benefit, and experiencing a positive increase in her sufferings—the pain and difficulty in passing water becoming more aggravated—she resolved to visit the city of New York in search of professional advice. She arrived here in December last, and I was requested to see her. On hearing the history of the case, I frankly told her that I did not believe she had *falling of the womb*, for the simple reason that her symptoms were not characteristic of any such ailment. I proposed an examination which was cheerfully consented to, as the lady was most solicitous to obtain relief. The uterus I found in a perfectly healthy condition and in its normal position. In passing my finger along the *urethra*, the patient experienced a sensation of pain, and this circumstance, together with the difficulty of which she complained in passing water, attracted my attention especially to this point. I could detect no disease in the uterus or vagina; in attempting to introduce an ordinary female catheter into the urethra I was completely foiled; and, on minutely examining the condition of this passage, I discovered that the lady's sufferings were entirely due to a ***stricture***

of the urethra. Stricture of the female urethra I had never seen previously to this occasion; and, as far as my knowledge extends, no case of the kind had ever occurred in this country; at least, no record has been made of it. Velpeau, in his great work, cites but three cases of *stricture of the female urethra*, and remarks that its occurrence is extremely rare. In the course of three months, I succeeded in removing the stricture, and the lady returned to her home entirely restored to health.

"On the 10th day of last July a lady, residing in this city, sent by note a request that I should pay her a professional visit. She informed me that, for the last few months, she had been under the care of a practitioner who pronounced her to be laboring under falling of the womb—that he had on one occasion introduced an instrument, (a speculum, I imagine,) which gave her so much uneasiness that, in twelve hours afterwards, a miscarriage was the consequence. I was also informed by the lady that she had been under the necessity of calling repeatedly at the house of this practitioner, his engagements being so numerous that he could not find time to visit her. She had faithfully observed all his directions, but received no benefit from his treatment. In my first interview with this patient, after hearing the above statement, I requested her to give me a full account of her symptoms. She remarked that since the birth of her last child, about twelve months since, she experienced great irritation about her bladder—her nights were much disturbed by more or less desire to pass water—being obliged to leave her bed more than a dozen times during the night. The irritation of the bladder had entirely disfranchised her from all social intercourse—and she could not with any degree of comfort leave her house. This state of things had continued without any palliation to the time of my visit, and her sufferings had produced an evident inroad on a constitution otherwise vigorous. I then asked her if her last labor had been unusually protracted, or whether she had experienced at the time any difficulty about the bladder. To which she replied that her labor was natural and of short duration—but the doctor, who attended her in confinement, in attempting to introduce a catheter into the bladder for the purpose of drawing off the water, gave her much pain, and caused a slight discharge of blood, unaccompanied, however, by any flow of urine. This was all the information I obtained from the patient, and I think you will agree with me that there was nothing in the case to justify the suspicion that her diffi-

culty was attributable to *falling of the womb.* On examination, I found the womb entirely free from disease, and in its natural position. I detected just within the *meatus urinarius* a small ulcer, which was most probably the result of injury inflicted by the catheter. This ulcer I regarded as the only cause of her suffering, and informed the lady with great confidence that in a few days she should be restored to health. On the following day, assisted by Dr. Trantham, of South Carolina, in whose presence the above statement was repeated by the patient, I touched the ulcer with the nitras Argenti—ordered mucilaginous drinks—and, on the fifth day after the operation, she took a long walk without inconvenience; to the present period she has never experienced the slightest irritation or pain about the bladder. Her health has continued excellent, and she is at this time in the sixth month of gestation."

The printers have taken unpardonable liberties with Dr. Bedford's manuscript, as they sometimes do with ours, inserting a letter or changing one, it would seem, simply to please their queer fancies. These are among the small vexations of editors and authors.

ART. VII.—*Researches among the Protozoic and Carboniferous Rocks of Central Kentucky, made during the summer of* 1846. By D. D. OWEN, M.D., and J. G. NORWOOD, M.D. St. Louis. 1847.

With a view to clear up some doubtful points in Western Geology the authors of this pamphlet made an excursion, during the last summer, from Nashville, through the central counties of Kentucky, to this city. Leaving Nashville, which stands on the same formation which immediately underlies Lexington and Cincinnati, they passed through Gallatin, in Tennessee, and thence through Scottsville, Glasgow, New Haven, and Bardstown, in this State. The surface rock at Nashville is continued on to Gallatin, and, no doubt, into the fine region about and above Hartsville. This is the Blue limestone, the basis of our fossiliferous rocks, and belongs to the "*Silurian*" sys-

tem—a term derived from "Silures," the principal tribe of Celts or ancient Britons, who occupied part of Wales and the bordering counties of England, where these ancient fossiliferous strata are most distinctly exhibited. (Lyell.) Wherever this rock comes to the surface the soil appears to be of a superior quality. It has two axes of elevation, one of which is at Nashville, and the other at Cincinnati. It is in this rock, as we have mentioned in another article, that the saline springs of Kentucky are found. At Nashville there is a spring impregnated with the same substances.

The Grey or Cliff limestone, which is so conspicuous on the Falls of the Ohio, and which increases greatly in thickness towards the north, in Tennessee is a very inconsiderable formation. It thins out to a few inches a short distance beyond Nashville, and is not met with in coming from Gallatin towards Scotsville until you approach the confines of Kentucky. This rock, at the Falls, in the opinion of Mr. Verneuil, is divided between the system spoken of, the Silurian, and a newer system, the *Devonian*, so called from a county in England—the lower strata belonging to the former, and the upper, probably from the one containing the Catenipora, to the latter. This system embraces also the Black slate, which is seen soon after you begin to ascend the ridge fifteen miles north of Gallatin.

Above the Black slate the "Encrinital" limestone of Dr. Troost is found, in the same position which it occupies at the Button-mould Knob near Louisville. With it, it will probably be determined, the "Carboniferous" system commences —so called for the reason that it is always above these rocks that coal is found. The carboniferous, or as it is sometimes called, the Mountain limestone, is spread over the Barrens of Kentucky. It is in this formation, and in the upper layers of it, that the Mammoth Cave has been wrought out. The Grayson Springs, as we have said, occur in this formation.

It may be a matter of inquiry with some readers, how the geologist is enabled to determine the relative ages of rocks, and assign them to their proper systems? The or-

ganic remains found imbeded in the strata furnish the clue. In the Silurian rocks of England a certain group of fossils have been found; these fossils do not extend into the strata above; the animals appear to have become extinct with the sedimentary deposit which formed the rocks of the Silurian system. When the geologist in Russia or America meets with fossils of the same group—meets, as he often does with fossils of the same identical species—he recognizes the strata as belonging to the same system. We shall not soon forget the pleasure evinced by Mr. Verneuil when we showed him the *Phillipsia*, which we had found in the "Encrinital limestone," and which at once established in his mind the rock as belonging to the Carboniferous system. Our friend, Dr. Shumard, traveled from Louisville to Nashville, last summer, over the same region explored by Drs. Owen and Norwood, a short time before these gentlemen set out on their expedition; and by his knowledge of paleontology he was able to define the position of the various strata. We have now in our possession his letters to us describing the succession of systems as he advanced towards Nashville, just as they are exhibited in the satisfactory and interesting section of Drs. Owen and Norwood.

This ardent young geologist has ascertained that fifty of our Louisville fossils are identical with European species, principally Russian; and that one, the Calymene Blumenbachii, is found in Tennessee, Kentucy, Ohio, New York, in England, Belgium, Germany, Russia, and in Asia and Africa.

Fossils have been beautifully styled "medals of creation." They speak to the paleontologist an intelligible and impressive language. He reads in them the comparative antiquity of rocks and mountains. They disclose to him the first vestiges of animate creation, and the point at which races of beings ceased to exist, and new races came into being. But they also communicate to him practical knowledge. Coal, as we have remarked, is never found under the mountain limestone—the pentremital layer; the geologist knows that it is useless to search for it below the *Pentremite* and the *Archimedes*.

Let us not be charged, in these geological notices, with wandering from our profession; geology has important relations to medicine. Has it never come into the mind of the reader, how closely connected certain causes of disease are with the soil? One day, last spring, we were fossilizing on the upper beds of our Cliff limestone just where it disappears under the Black slate, and stopping at the spring of an intelligent farmer whose land extended to both formations, it occurred to us to ask him on which side was there most sickness among his neighbors. His reply was, as we were prepared to hear it, that they were much more sickly to the west. This was in the region of the black slate. The "Pond Settlement" below Louisville, the sickly character of which is well known, is upon the same rock. The black slate appears to be the favorite abode of fever and ague.

But another fact bearing upon the relations of geology to medicine has occurred to us, in casting our eye over the formations in the valley of the Ohio, and that is, that epidemic cholera, in its sweep over us thirteen years ago, was most fatal in those regions where the Blue limestone is the surface rock. We would cite Lexington, for example, in comparison with Louisville, and the small towns in that quarter of the State as compared with the villages in the Green river country. From Cincinnati to Harrodsburg it is blue limestone, and the malignity of the disease in all that region will long be remembered. At Nashville the same rock reappears, and in some towns in that part of Tennessee the mortality was as great as in any place where the epidemic prevailed. We do not know that there is any value in these facts. The coincidence may have been accidental, but it strikes us as, at least, curious, and worth adverting to. Certain it is that our chances for obtaining a knowledge of the causes of disease will be increased by some attention to geology.

We have read the "Researches" with great pleasure, and hope its authors will be encouraged to pursue their interesting labors, by which they are acquiring reputation, and science many instructive facts.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Division of the Stricture in Hernia.—The following remarks are made by Mr. Brown: It was remarked that in the above case the division of the stricture was directly upwards, which is according to the rule of the schools; it may not, however, be irrelevant to add, that in all cases of abdominal hernia,—ventral, umbilical, inguinal, and *femoral*,—I always divide the stricture directly upwards. This mode of dividing the stricture in femoral hernia is not according to the doctrine generally taught. In inguinal hernia, the seat of stricture is always the neck of the sac, formed either by the internal ring only, or, as in old hernia, by both the internal and external ring. The division of the stricture, therefore, in all cases directly upwards, will be sure to avoid the epigastric artery. In femoral hernia, we are usually taught to divide the stricture upwards and inwards, or directly inwards, to cut Gimbernat's ligament; but by the adoption of this mode, if the obturator artery should chance to rise from the epigastric, and take its course along the margin of Gimbernat's ligament, it might be wounded by the most skilful operator. I once knew this to occur, and as the hemorrhage was excessive, the surgeon with great promptness tied the external iliac artery, which immediately arrested it. Besides, the true seat of stricture in femoral hernia is not in Gimbernat's ligament, but in the "thin fibrous band which crosses the vessels beneath Poupart's ligament." By cutting this "thin fibrous band" directly upwards, "the ring becomes instantly flaccid," and the hernia is readily reduced.—*Lond. Lancet.*

On the Digestion of Alcoholic Liquids and their operation in Nutrition; with Hygienic Applications.—M.M. Bouchardat and Sandras, and M. B., alone, have presented some interesting *memoires* on these subjects to the French Academy of Science, from which we will give extracts, as follows:

The first part of the digestive process, which consists in a dissolution, is wanting, with alcoholic drinks, as it also is with fatty substances. Alcoholic fluids undergo no other alteration, in the digestive apparatus, than dilution with the gastric juice and mucus, saliva, and the other liquids which are poured into the digestive organs.

The absorption of alcoholic drinks is effected, as has already been proved by Magendie (*Physiologie*, 3d edition, p. 187,) by the orifices of the veins. It is particularly in the stomach that this absorption takes place: when alcoholic drinks are administered in great excess, or mixed with sugar, this absorption may continue throughout the rest of the intestines.

The chyliferous vessels do not aid in the absorption of alcoholic drinks; after their ingestion the chyle may be very abundantly collected, if these drinks have been given with the fatty aliments: in this case the chyle does not contain any appreciable trace of alcohol.

When alcoholic drinks are introduced into the torrent of the circulation, the alcohol is not eliminated by any of the secretory organs; a small quantity only is evaporated by the lungs, and may be collected with the gases and vapors which are continually exhaled by that organ.

If alcohol is introduced into the circulatory apparatus in too great quantity, the arterial blood becomes of the color of venous blood, and the alcohol may occasion all the accidents of asphyxia.

The alcohol under the influence of the oxygen, which is incessantly introduced into the economy by respiration, may be converted into water and carbonic acid; but, in several of our observations, we have obtained an intermediate product of combustion,—*acetic acid.*

Alcohol and its products rapidly disappear from the economy. When it is introduced simultaneously with grape-sugar or dextrine, its destruction is more rapid than that of these latter bodies.

The Comparative Action of Alcohol on different Animals.—When introduced into the torrent of the circulation—it is there that the principal action of oxygen takes place—and

the blood globules, being deprived of this vivifying principle, cannot acquire their vermillion color; they are asphyxiated, and if the quantity of alcohol is large the animal dies as though it had been plunged into air deprived of oxygen. The carnivora, as the dog, whose stomach is voluminous compared with the rest of the digestive apparatus, are very sensible to the action of alcohol, and may be killed by a moderate dose; for it is rapidly absorbed without passing beyond the duodenum. The herbivorous gnawers, as rabbits, are also killed by a small quantity of alcohol, for absorption in the stomach is very rapid; alcohol is not to be found in their intestines. The graminivorous birds, such as the domestic fowl, can support large doses; the cavity of their stomach is limited; that organ is furnished with strong muscles; alcohol which is ingested does not remain there: it may be found in the intestines; it is from thence transported to the liver by the venæ portæ, and then gains admittance slowly into the great apparatus of the circulation. Fishes can live at the temperature of 56° centigrade, in water containing the half of one per cent. of alcohol.

Influence of Alcoholic Drinks on the Secretion of Urine.—My experiments lead me to admit that, under the influence of a large quantity of alcoholic drinks, the amount of urine rendered in the twenty-four hours is diminished; the same is the case with the absolute quantity of urea; the uric acid, on the contrary, is excreted in larger quantity than the normal proportion.—*Comptes Rendus. Tome.—W. Lancet.*

Alkalies in the Treatment of Hooping-Cough.—Dr. Allnat, of London, attributes the spasmodic action of the glottis, which occurs after the febrile action has somewhat subsided, to the presence of acid in the stomach; to relieve which alkalies—ammonia, carb. potass, &c.—are advised. He says:

After preliminary purgation with calomel, (conjoined with antimony, if the febrile symptoms run high,) and an occasional emetic to clear the stomach, nothing in my experience is so efficacious as small and repeated doses of the carbonate of potassa. The following combination has been extensively distributed to the poor in seasons when hooping-cough has raged as an epidemic, and I can attest the almost invariable success which has attended its administration—what portion of the merit is due to the cochineal I do not know:—Take of

carbonate of potassa, one drachm; cochineal, ten grains; boiling water, half a pint. For an infant, one teaspoonful to be taken thrice daily, the dose increased according to age. *London Lancet.*

Artificial Somnambulism in Pennsylvania.—Doct. William B. Fahnestock, of Lancaster, Pennsylvania, has published an article on Mesmerism, or as he terms it, "artificial somnambulism," which will stagger the faith of most christians. Can a man be sane who believes such assumptions? We offer a few extracts as follows:

1. That I consider this condition to be identical with somnambulism, differing only in the manner in which it is produced; somnambulism being the natural state, and this the artificial.

2. That this state is independent of magnetism, electricity, galvanism, sympathy, a nervous fluid, or anything of the kind.

3. That subjects are at all times independent of the so-called operator, in every sense of the word, when they are acquainted with the true nature of the state before they enter it.

4. That it is possible for *any persons* to throw themselves into, or out of, the state, even in an instant, when they have been taught how to effect it.

5. That subjects can be taught to throw themselves into this state, a single finger, a hand, an arm, or any part of the body, independent of the rest, by an act of their own will, at any time they may please, and relieve themselves at pleasure!

I have taught hundreds to do so—but it may not always be prudent for them to enter this state independent of an instructer—for *some*, upon entering the condition for the *first time*, become unconscious of all that is passing around them; and if such persons were to throw themselves into it independent of any one, and had not consented or made up their minds before entering it, to hear or to speak to some one, it is most likely that when in it, and spoken to, they would not hear any one; and in all probability would sleep for a longer or shorter time, without doing anything, and when they did awake would remember nothing, and scarcely know they had been in it at all. Or they might get up and wander about, as is sometimes done by natural somnambulists, and unknow-

ingly get into difficulties or meet with some accident, which might not be very agreeable when they awoke. It is, therefore, always better for those who wish to enter it, to place themselves under the care of some one; and he who understands the nature of the state best, and has had the most experience in its management, is the best calculated for this purpose. When they have entered the state frequently, and have had the proper instructions while in it, the case is very different; they are then able to move about with as much certainty and safety as if they were awake.

6. That when in this state they can hear, see, smell, taste, feel, &c., as well as when awake, whenever they are so disposed; or they can hear or not, see or not, smell or not, taste or not, feel or not, contrary to the will of any one, whenever they may think proper.

7. That they cannot be made to do any thing they are not willing to assent to, and are as much themselves as when awake.

The following case of parturition is given:

She, being clairvoyant, then threw her mind to a distance, and while engaged looking at various objects of interest, passed through the rest of her labor without feeling the least pain—even the last and severe contractions of the uterus, gave her no pain whatever. She was delivered of a large male child, about half an hour after she entered the state the second time. After the child was born, and the placenta was about being removed, considerable hemorrhage ensued—but was immediately arrested by frictions with the hand over the region of the uterus, until the contractions were renewed and the placenta expelled. The frictions over the uterus, which were necessary in this case to renew its contractions, gave her no pain whatever. The same, under ordinary circumstances, every physician knows full well, are scarcely to be endured.

Mesmerism advances in mystery; patients are *now* taught, not only to *diagnose* their own disease, but to *remove* them by *willing* that they shall cease! The following extract presents this supremely ridiculous assumption:

The extent to which I have employed somnambulism in diseases has been very considerable; but the state itself, or the mere being in that state, will produce no relief, if the mind of the subject is not made sensible of the fact, and placed upon the disease. This is an important point, and

accounts for the many failures which have hitherto occurred. It is always necessary to get the patient to fix his mind upon his disease, and to make a resolution while in the state that it shall cease to exist when he awakes, &c. It is no matter whether the patient does this of his own accord, or by the advice of his instructor, so that it has been done properly. The effect will be the same, and always in proportion to the determination, &c., he may have exercised.

A very happy illustration of this fact took place last winter while I was in the city of Philadelphia. Dr. Childs, of that place, had been endeavoring to effect a cure in the case of a young lady whose foot (I think from some disease), was drawn or thrown completely round, in a direction precisely opposite to the natural condition of that member. He had been operating in the usual method for some time before I visited the city. He attended a course of my *private lectures*, which were delivered in Dr. Noble's parlors, where he stated the young lady's case to me, and requested to know whether I could suggest any thing for her relief. I at once told him that if he would abandon the old method and divert her mind to the foot, and get her to make a resolution while in the state, that the foot should assume and keep a natural position when she awoke, he could effect it in five minutes. On the following day he succeeded in getting her to do so, and brought the young lady round to Dr. Noble's the same evening, perfectly restored. She was then able to keep the foot in its natural position, and during the evening walked and ran about as well as ever, a blessing which she had been unable to exercise for a long time before. I have no doubt that Drs. Childs and Noble will take pleasure in confirming my statement. The case was notorious in that part of the city, and the cure by many was considered scarcely short of a miracle.—*Boston Med. and Surg. Jour.*

Obliteration of the Œsophagus.—Prof. Levy, of Copenhagen, relates two cases of this malformation, in the *Neue Zeitschrift fur Geburtskunde*. The first case was that of an infant, apparently healthy when born, but which was unable to suck, and rejected everything that was administered to it. The day after birth a catheter was introduced into the œsophagus, but was arrested at a depth of four inches. Milk injected through the catheter was immediately returned by the nose and mouth, producing symptoms of suffocation. Closure

of the œsophagus was accordingly diagnosticated, and some broth was injected into the rectum. At the period of its birth, the infant weighed six pounds and a half; forty-six hours afterwards it only weighed five pounds and a half; fifty-eight hours after, it weighed five pounds and a quarter; seventy hours after birth, it weighed five pounds and an eighth; eighty-two hours after, five pounds. The infant died eighty-three hours after birth. The child lost, therefore, during four days, one pound and a half in weight, half-a-pound being the loss during the last two days. The urine and feces presented a natural appearance; they were passed at long intervals, and scarcely exceeded the weight of the broth injected. On post-mortem examination, the upper portion of the œsophagus was found to terminate in a cul-de-sac, in which the catheter introduced by the mouth, was arrested. This sac was about an inch long, and twice the size of an ordinary œsophagus. The structure of the muscular fibres presented nothing abnormal, except that they converged towards the truncated extremity of the tube. The inferior portion of the œsophagus was connected with the trachea and larynx; so that a catheter introduced through an incision in the cardiac extremity of the stomach, passed through the trachea and larynx into the mouth. The communication between the trachea and the œsophagus took place about a line below the bifurcation of the trachea, and was formed by an oval opening, three lines long and one line wide. The posterior wall of the air-duct and the respiratory mucous membrane were continuous with those of the digestive canal. In the second case, the fœtus was born before the full period of gestation, and died immediately after birth. In this case, Profesor Levy found, besides several malformations in the region of the pelvis, that the upper part of the œsophagus terminated in a cul-de-sac, and that the lower communicated with the right bronchus. The communication of the tube with the trachea differed from that in the former case, inasmuch as the œsophagus contained some cartilaginous rings in a part of its extent. With the exception of the case of Martin, republished in the pathological anatomy of M. Andral, Professor Levy has never seen any other examples of this malfomation than those just related. These cases support the opinion of those who regard monstrosities as arrests of development.—*Med. Times.*

Method of Operating in Excision of the Cervix Uteri. By Dr. Simpson, of Edinburgh.—In performing the excision of the cervix uteri, in the three instances I have detailed, and in the other cases in which I have operated, I have proceeded on the following plan:—I have fixed one or two vulsella into the outer or vaginal side of the diseased cervix, as high as it was possible to insert them, and, by the purchase which they afforded, have gradually and cautiously dragged this part down in the lines respectively of the axis of the pelvic brim, cavity, and outlet, till it appeared so far beyond the vulva as to allow me to cut through the base of the protruding cervix. In one or two cases I used a knife in making the incisions. But in consequence of the powerful retraction under which the cervix uteri is placed during the operation, it is difficult, or indeed impossible, to make the incision in this way so equable and perfect as to remove with certainty all the diseased part. After a partial cut or two the uterus is strongly retracted at the points of incision, and the remainder of the operation requires to be finished with the line of incision thus rendered irregular and confused. A pair of large, curved, blunt-pointed scissors, such as were used in this operation by Osiander and Dupuytren, is in this respect preferable. We are enabled by them to surround and embrace the whole cervix at once; and having cautiously and carefully adjusted their edges to the very points which we wish to divide, and thus calculated, at this preliminary step, the exact limits of the incision, we may then immediately complete the amputation of the part, by one or two strong and rapid strokes of the instrument. The blades must be placed around the cervix, *above* the line of the teeth of the vulsellum; and then our object is (as it were) to cut out the vulsellum along with the whole inferior and diseased part of the cervix, in which it is fixed. The operation is much facilitated by the labia being strongly pressed aside by broad copper spatulæ.

I have always placed my patients upon the face, the body being situated across the bed, and the lower extremities hanging over it, as in the operation for hæmorrhoids. We are thus enabled to make our incision through the cervix uteri from behind forwards, instead of from before backwards,—a matter, in my opinion, of no small moment. For if we cut in this latter direction, viz., from *before backwards*, we would sometimes run a greater danger of opening into the peritonæum, which stretches downwards so much more behind than in front of the cervix uteri, and offers a very thin wall of partition between the cavity of the vagina and the cavity of the

abdomen. Latterly, I have found the first portion of the operation, namely, the seizure and traction of the cervix uteri, much facilitated by using a very large and strong vulsellum, made with the common loose joint of the obstetric forceps, instead of the usual fixed pivot or scissors joint. With the common scissors-jointed vulsellum, whilst we are intent on fixing the teeth of one blade in a proper situation, the teeth of the other blade are always apt to become entangled in the tumor or walls of the vagina itself, and thus impede and embarrass the operator. But with the modification of the vulsellum that I have alluded to this difficulty is avoided, for the individual blades are introduced, adjusted, and fixed, separately and successively; and then, afterwards, they are easily united together for further use. Besides in this way, we far more readily effect what are, I believe, the two principal secrets in the operation, viz., 1st.: We fix both blades of the instrument, and more especially that corresponding to the diseased lip, as high upon the cervix, and as near its line of reflection upon the roof of the vagina as possible; and 2ndly, by making our line of incision immediately above the hold of the vulsellum (as if our object were to cut out that instrument and the part which it embraces), we secure this important point, that the incision which we make is more likely, than if we followed any other plan, to pass through a stratum of healthy tissue, as we thus inevitably remove the whole vaginal portion of the cervix uteri, and the diseased structure of which it is the seat. In thus attempting to insert the vulsellum as high as possible in the cervix, we will succeed far better by guiding it directly to the point required by the finger and the sense of touch, than by attempting to direct it by the speculum and the sense of sight. In fact, if the cervix is, as generally happens, at all much increased in size, it is, of necessity, utterly impossible to see, with any speculum, the part in which the teeth of the vulsellum should be fixed,—that part lying much higher than the sphere of vision.

Several forms of danger have been found to attend upon excision of the cervix uteri. A fearful variety of nervous depression is alleged by some authors to supervene occasionally upon the operation. I have seen no instance of it. Severe hæmorrhage sometimes occurs, but it is much rarer than we might *a priori* expect. In only one case have I met with it in any considerable amount, and in that instance it was readily and effectually restrained by the plug. Out of nineteen private patients operated on by Lisfranc, Pauly avers that four died within twenty-four hours. Subsequently there is

further danger to the patient from inflammation kindling up in some of the uterine structures, or in the peritonæum itself. Out of the eight cases in which I have operated, seven recovered perfectly. The remaining eighth patient recovered so far as to leave her bed-room, but was then, from an unfortunate domestic quarrel, subjected to great mental excitement, after which she relapsed, and died under symptoms resembling those of phlebitis. In his Operative Medicine, Velpeau, after stating that he had himself only operated in two cases, in one of which death occurred in three days, and in the other six weeks after the excision of the cervix, proceeds to remark: "A patient operated upon by M. Blandin died of uterine phlebitis; one of those that Lisfranc lost was carried off by peritonitis; others have sunk under a nervous state, the gravity of which it is not easy to explain. Up to the present time," he continues, "scarcely any one has been seen to die directly of hæmorhage. Rust and Graefe of Berlin, Roux and Dupuytren, who have all seen their patients perish from the immediate results of the operation, do not ascribe the fatal result to this complication (hæmorrhage). Excision of the neck of the uterus, although easy and by no means severe, is nevertheless sometimes extremely dangerous and speedily fatal. However, Osiander has practised it twenty-eight times, Dupuytren fifteen to twenty times, and Lisfranc forty to fifty times, without it having caused death more than once out of every six or seven operated upon."

Cases adapted for the operation.—Since excision of the cervix uteri is an operation attended with so many chances of danger, as Velpeau exposes in the passage which I have quoted, it evidently follows that it should only be adopted in cases, and under circumstances, in which milder and safer means of cure are insufficient. The forms of disease in which, upon this principle, it seems justifiable to avail ourselves of the aid of this operation (supposing no contra-indication to be present), are, in my opinion, principally:

1st. Great morbid hypertrophy, by elongation, of the vaginal portion of the cervix uteri. I have operated succesfully in two such cases.

2nd. Corroding ulcer, when limited to the lips of the cervix, and pathologically identical with the form of lupus or malignant ulcer so well known on the face; and

3rd. Circumscribed and local forms of carcinomatous disease or excrescence, of the lips and lower segment of the

Some continental surgeons, and more especially Lisfranc, advocate the propriety and necessity of excision, in various other cases besides those I have just enumerated. I have myself twice excised the part when affected by chronic induration and thickening, without carcinomatous degeneration; but I would now, most assuredly, by no means resort to it again under the same condition, as I believe that morbid state of the cervix to be quite removable by milder measures. In the case that I have alluded to as having terminated fatally, the structure of the excised cervix presented a great degree of condensation and induration, with two small cystic tumours enclosed in the morbid tissue. The symptoms attendant on this lesion had been of very long standing, and had previously broken down the health of the patient.

Certainly, however, the set of cases in which, of all others, the operation is likely to prove an occasional and important addition to our previous means of treatment, is that in which there exists local carcinoma of the cervix uteri.—*Dublin Quart. Jour. Med. Sci.*

Mortality from Cancer in England, as regulated by Sex.

Year of Report.	Total fatal Cases of Cancer.	In the Female Sex.	In the Male Sex.
1838	2304	1717	587
1839	2549	1924	625
1840	2238	1656	582
1841	2215	1692	523
1842	2356	1757	599
Total,	11662	8746	2916

Ibid.

Electricity in Disease. By Mr. Donavan, of Dublin.—The first attempt at rendering electricity available in the alleviation of human suffering was made by Kratzentein, in 1744, who tried it in several diseases. Shortly afterwards, a number of works were published on medical electricity, containing, with some truth, many fictitious and marvellous accounts: all this might be expected.

Signor Pivati, of Venice, published, in Italian, an Essay on Medical Electricity, in which he narrated many wonderful things. He included balsam of Peru in a glass cylinder, so

closely that there was not the least smell from it. With this cylinder he electrified a person who had a pain in his side; the man went home, went to bed, slept. sweated, scented the bed, his clothes, and even his hair, to such an extent that even the comb smelt of the balsam. Another person, electrified in a similar manner, became in half an hour more lively and cheerful than usual: the company perceived a smell for which neither he nor they could account, until at length he discovered that it proceeded from himself. By electric exhalations Pivati cured amenorrhœa. He had also the honor and pleassure of curing Donadoni, Bishop of Sebenico, aged seventy-five years, of gout. The Bishop came with his physician and friends; the disease had stiffened his fingers and knees so that he could not bend them; he was obliged to be lifted into bed every night. Pivati filled his cylinder with discutients, and with it electrified his reverend patient. In a few minutes the Bishop felt an unusual commotion in his fingers; he was relieved; he opened and shut both his hands, and gave a hearty squeeze to one of his servants: he rose up, walked, smote his hands together, helped himself to a chair, sat down, walked down stairs with the agility of a young man, and was so amazed that he thought it must be a dream. In the same manner a lady aged 60, with fingers swollen by the gout during six months, always trembling, and with one arm convulsed, was fully relieved by two minutes' application of the medicated electricity.

Pivati proposed to electrify his patients by cylinders filled with medicines of all kinds, as diuretics, antiapoplectics, sudorifics, &c. These medicated cylinders were named *intonacatures.*

The Abbé Nollet was so amazed at these wonderful things that he paid a visit to Pivati in Italy, and questioned him pretty sharply concerning the statements he hed published. Pivati, it appears, could not stand the cross-examination: he confessed to the Abbé that as to the odors he had never transmitted them but twice, although he made many trials. When asked to produce the successful cylinder, he said it was broken, and he could not produce even a bit of it. The Abbé then took him to task about the Bishop of Sebenico, but was informed that the poor bishop was as bad as ever. Several other exposures were also made.

All these wonders, sufficiently startling even to ordinary credulity, were nevertheless, adopted by professor Winkler, of Leipsic, who added a few of his own. He included sulphur, and, in another case, cinnamon, in a glass sphere, elec-

trified it, and filled the room with the vapor of each, which, in the case of the cinnamon, he perceived in his mouth even the next day. Dr. Bianchini's *Recueil d'Experiences faites à Venise* was mainly instrumental in exposing these absurdities.

Dr. Giuseppe Bruni, one of the principal physicians of Turin, about this period reported that at Bologna a man deaf of one ear, having a continued noise in it, and occasionally suffering violent pain, was electrified by Dr. Verati, sparks being taken from the neighborhood of his ear; the parts were reddened as if by a blister; the patient passed the night with less pain and noise, and was perfectly cured of his disorder.

Dr. Bruni then relates some other cases of cure, all of which are quite probable, but he shakes our confidence in his own judgment by stating that a physician at Some lined a cylinder with purgative matter, and electrified a gentleman with it, who immediately found on the spot the same effects as if he had swallowed the cathartic. If this happened, it must have been fright that acted.

The following case is well attested, and deserves attention. A woman aged 33, whose father had died of paralysis, was attacked with the same disease, which sometimes affected her in the left arm, and sometimes in the leg of the same side; and although these parts lost all power of motion, they retained sensibility; but after a while she lost all sensation of the left side. Becoming worse, her head shook, her tongue faltered, her left eye became so dim that she could not distinguish colors with it; and she was oftened seized with universal coldness and insensibility, so that it was sometimes doubtful whether or not she was dead.

In this state the Rev. Mr. Brydone determined to try electricity. He therefore communicated several very severe shocks, which seemed to raise her spirits; she said she felt a heat and pricking pain in her left thigh and leg, which generally spread over the whole side, and after undergoing the operation a few minutes longer, she "cried out with great joy that she felt her foot on the ground." The electric machine producing such extraordinary effects, the woman submitted to receive above 800 shocks, the consequence of which was, that the shaking of her head gradually lessened, until it entirely ceased; she was able, at last, to stand without support, and on leaving the room forgot one of her crutches. Next day, being electrified as before, her strength sensibly increased; she walked easily without a stick, and could lift several pounds weight with the hand that had been paralytic. The experi-

ment was repeated on the third day, by which time she received, in all, upwards of 600 severe shocks, when, declaring herself to have as much power on the left side as the right, she was pronounced cured. This account was attested by herself, by the minister of Coldingham, in Berwickshire, and by a letter from Dr. Whytt to Dr. Pringle.

Professor Imhoff, of Munich, thus generalises the effects of electricity: It promotes the free circulation of the fluids, and especially of the blood; it accelerates perspiration, increases animal heat, and promotes all the secretions and excretions of the body. The essential condition of the useful application of frictional electricity is that the machine employed shall be one of considerable power, although its utmost intensity is by no means to be always brought to bear on the patient. When the rubefacient effects, or the aura, or the stream, or the local stimulus of electricity are required, they can only be obtained from the largest and most powerful machine.

The latest testimony on record of the medical efficacy of frictional electricity is to be found in a report of Dr. Golding Bird, who declares that scarcely any cases have been submitted to electrical treatment in which its sanatory influence has been so strongly marked as those in which the menstrual function was deficient. While chlorosis is present, scarcely any benefit is to be expected. The rule for insuring success, in the great mass of cases of amenorrhœa, is to improve the general health by exercise and tonics, and to remove accumulations in the bowels; a few electric shocks, often a single one, will then be sufficient to produce menstruation. The shock of a quart Leyden jar is to be passed from the pubes to the sacrum, as often as necessary, beginning about a week before the expected return of the menstrual discharge.

Advance of the Asiatic Cholera towards Europe.—According to the latest intelligence received from Trebizonde (Sept. 26th), a town on the south-eastern shore of the Black Sea, it appears that the Asiatic cholera is slowly but steadily progressing in the course towards Europe which it took in 1830–'31. We subjoin the following extract:—"The cholera has passed the line of the Russian quarantine on the borders of the Caspian Sea, and is raging throughout all the Tartar villages of the districts of Salgan and of Deukeran. A con-

siderable number of Cossacks forming the *cordon* on the Persian frontier have likewise been attacked. At Rescht, a Persian city in the province of Ghilan, the cholera is still making incessant ravages, which have now continued during two months. The sanatory state of all the towns to the west of the Capsian Sea, from Bakou to Astrachan, is very unfavorable. Dysenteries and diseases of the stomach (frequently mortal) prevail in these towns, particularly amongst the troops in the garrisons. These maladies are probably the forerunners of the real Asiatic cholera, a phenomenon rather curious, which has been again observed latterly in Persia. There prevailed at Teheran, at Astrabad, at Meschid, and at Ispahan, a malady a considerable time before the appearance of the cholera, of which the symptoms resembled the Indian disease. The caravans which arrived from Teheran eight months since, spoke of the existence of the scourge, which was mistaken for the cholera. A French physician, who resided at Teheran at that period, and who passed through our city a few days since, assured us it was the cholerine, such as had likewise been observed in several towns in Europe in 1832 as a precursor of the cholera. The population of Teheran, which had been estimated at 80,000, is reduced by the ravages of the cholera to 60,000. The Foreign Ministers and their attendants had not dared to return to the city, but still continued to reside at Mount Alburs, in the neighborhood of Schemen, to the north of Teheran. The Russian authorities at Tiflis are well aware of the appearance of the cholera in that neighborhood, and the inhabitants of Tiflis have fled; but, up to the 13th of September, no official announcement had been made of the fact. Perhaps this course was pursued in order to prevent the mechanics from becoming alarmed, and a consequent interruption of commercial affairs.—*Times.*

In the autumn of 1830 it was ravaging the Persian province of Ghilan, the Georgian provinces of Russia, including the towns of Bakou, Tiflis, and Astrachan; and it appeared in England in the autumn of the following year.—*London Med. Gaz.—Med. News.*

Use of Black Oxide of Mercury in the Vomiting of Pregnancy.—M. Stackler has announced that he has found the black oxide of mercury a most useful medicine for removing the obstinate vomiting which sometimes occurs in females

during pregnancy. The vomiting was checked in two cases of unusual severity, by doses of the oxide, equal to five centigrammes daily (=0·77 grains). No unpleasant effects were observed to follow the use of the medicine. There was no salivation. Doctor Jouger has found the oxide equally beneficial in hysteric convulsons and in cases of uterine irritation. *Ibid.—Southern Jour. Med. and Phar.*

Mortality in the Army and Navy.—The numbers of those who perish in battle, or afterwards from wounds, is small compared to those who die from other causes. During the last three years of the Peninsular war, the total number of deaths in the British Army, amounted annually to about 16 per cent. of the whole force. Of these only 4 per cent. died in battle or of wounds which proved fatal soon after. The number of men sick in hospitals usually averaged about one-fourth of the whole. In less than three years and a half out of a force the average strength of which was 61,500 men, nearly 34,000 died, and of these only one-fourth fell by the sword; and this enormous mortality occurred among a body of men, all of whom, a short time previously, must have been in the healthiest vigor of youth or prime of manhood; so that it required the annual sacrifice of 6,400 able-bodied men, to keep in the field a working force of less than 50,000 men! If such was the amount of suffering and waste of life, when every expedient was adopted that foresight could suggest to provide proper food and raiment, and every other attainable comfort both in sickness and in health, what must it be when these precautions are neglected? Of such neglect and its terrible and execrable consequences, Napoleon's campaigns of 1812 and 1913 afforded memorable examples.—From want of proper supplies alone, the French troops perished literally by hundreds of thousands!

There is a remarkable difference between our land and sea services. The channel fleet which consisted of twenty-four sail of the line with frigates, &c., on its return to Torbay in September, 1800, after a four months' cruise, sent only sixteen men to hospital. The average mortality in the years 1810, 1811, and 1812, was only 3½ per cent.; since 1830 it has not been more than 1·4 per cent., which is less than the general average among of men of the same age on shore.—*London Med. Gaz.—Med. News.*

Therapeutic action of Chloride of Sodium (common salt).—M. Plouviers, of Lille, stated to the Academy of Sciences, that since 1842, he has been experimenting with this article. He found that after taking during six weeks, a teaspoonful, then a teaspoonful and a half of this salt every morning in a cup of milk, he became stronger, more active and weighed 5 kilogrammes (about 15 pounds) more than he did before. In continuing the use of the salt, he became plethoric, and had to cease taking it. Subsequent experience multiplied and varied, has convinced him that common salt possesses a high importance in assisting digestion. He thinks in persons of sanguine temperament or apoplectic tendency it is dangerous; but to weak constitutions without disease, it is incontestably useful; and to laborers and the poor, it would assist much in their nourishment.—*Gaz. Méd.—Southern Med. and Surgical Journal.*

Operation for Aneurism.—The following conclusions, as the result of his experience in operations for aneurisms, are drawn by Mr. Guthrie, in a lecture delivered by him at the Royal Westminster Ophthalmic Hospital:

1. That the theory of the operation of aneurism, as dependent on the collateral circulation, cannot be applied with safety to spurious aneurisms of recent occurrence dependent on wounded arteries.

2. That it is inapplicable to wounded and bleeding arteries.

3. That the length of time a spontaneous aneurism has existed is of consequence, as connected with the collateral circulation; although an aneurism should never be allowed to attain that size which may render it injurious to the surrounding parts.

4. The collateral vessels are at all times and under all natural circumstances capable of carrying on the circulation in the upper extremity, whatever disease or injury may affect the principal trunk, provided a due degree of care be taken to maintain the temperature of the part. Whenever the reverse takes place, it is an exception to the general rule.

5. After operations for aneurisms in the lower extremity, the collateral branches are almost always equal to carry on the circulation through the limb.

6. When the principal artery of the lower extremity is suddenly divided, without any previous disease having existed, mortification is not an uncommon occurrence, and is more likely to take place in old than in young persons.

7. When under such circumstances the principal vein is also divided, mortification seldom fails to be the consequence. *Med. Times.—Ibid.*

Hydrate of Lime in Diarrhœa.—Simple syrup, saturated with hydrate of lime, has been employed by Dr. Captaine as an antacid, in doses of from one scruple to half a drachm: and at the hospital Neckar, it has been given with much benefit instead of cow's milk in the diarrhœa of children.—*St. Louis Med. and Surg. Jour.*

Dr. Wollaston, the Chemist.—Littell's Living Age, that admirable digest of modern English literature, has a leading article, in the 125th No., extracted mainly from the British Quarterly Review, on the life, character, and discoveries of the late William Hyde Wollaston, M.D. Dr. W. will be known to posterity as a chemist, of extraordinary industry, patience, and perseverance, whose discoveries have yielded important results to the arts and to the progress of various departments of science. Although acknowledged to be a renowned philosopher, he was a solitary being, as much as the last man will be, or as Adam was before the creation of Eve; and yet he resided in London. If society knew nothing of him, he certainly knew but little of society. His laboratory was so completely a blue chamber, that only one person was ever in it besides himself, and that by mistake. The doctor discovered the intruder, and leading him to a particular part of the room, said, "Mr. P., do you see that furnace?" "I do." "Then make a profound bow to it, for as this is the first time, it will also be the last time of your seeing it.." All his operations were conducted on a minute scale; a few grains of anything were enough, as a tray would hold all the apparatus and tests he seemed to require in his almost microscopic researches.

Dr. Wollaston was born August 6, 1766, and died in December, 1828, having accumulated a handsome fortune by one single discovery, viz: a method of rendering platina mal-

leable. For that one process, it is said that he realized 30,000*l.* When it is recollected that he invested 1000*l.* in the name of the Royal Society, the interest of which is to be employed to encourage experiments in natural philosophy, it hardly seems just to accuse him of being as money-loving as some have represented him. A single unlooked-for circumstance in the commencement of a professional life, sickened him of the practice of medicine, for which he was eminently well prepared by study, and although the people lost the services of a good physician, the whole world gained an illustrious philosopher. He was the second son of an eminent astronomer, and one of seventeen children. In the year 1783 he took the degree of M.D., and settled six weeks after, as a medical practitioner, at Bury St. Edmunds. So poor was his success, owing, beyond doubt, to the solemnity of his deportment, and never-relaxing reserve of manner, that he sought a larger field in London. That awful gravity which is forbidding in any one, and doubly so in a physician, who, of all men, should wear a cheerful face, drove patients away, or they were afraid to come; and he therefore solicited the office of physician to St. George's Hospital, a vacancy having occurred, recollecting, probably, that in such institutions, the sick are not at liberty to choose their medical advisers. To his chagrin, Dr. Pemberton obtained the appointment, which so mortified the learned chemist, who unquestionably felt conscious of possessing transcendent powers, that he declared he would abandon the profession, and never write another prescription, even for his own father. Having turned his attention afterwards wholly to chemical pursuits, the masterly efforts of a great mind were discoverable in almost every inquiry to which his attention was directed. In the transactions of the Royal Society, particularly, are to be found, from year to year, the details of his indefatigable labors. If he had not been decidedly a chemist, he would have been distinguished as an astronomer, since there was always a strong taste manifested for that elevated branch of knowledge. To particularize the names of the subjects on which he wrote, would be out of place in this brief notice of one who had the good fortune to escape the turmoils and competition, as well as the responsibilities, of a medical practitioner, and by doing so secured a conspicuous niche in the temple of fame.

The object in presenting this synopsis of the life of Dr. Wollaston, is to demonstrate the fact, that those who are as unsuccessful as he was in attempting to pursue the calling of

a physician, are not to conclude they are equally unfit for every other pursuit, since they may rise much higher and perhaps be infinitely more useful, in some other way. Unceasing activity is required in those who hope for distinction in medicine and surgery, which distinction, when attained, is hardly a compensation for the toil it has cost. Without the faculty of adapting oneself to society, as it exists, and the further ability to apply the knowledge that has been acquired according to the wants and necessities of the sick, success is a hopeless undertaking. Some men are constitutionally qualified for practising physic. Whether learned or ignorant, they succeed well. While others, like Dr. Wollaston, are incapable of success, but, without his firmness in resolve, cling with expectation to the wreck, fancying that success must ultimately crown their efforts—and there they remain, monuments of disappointed ambition.—*Boston Med. and Surg. Jour.*

Treatment of White Swelling. Dr. Blakely details two cases of the successful employment of the *Chimaphila Umbellata* (pipsissewa, wintergreen) in the treatment of white swelling. The first case, a boy of a scrofulous famly, is thus described:

When I examined my patient, I found one of his knees three times its natural size, the skin of the leg of an unnatural ashy color, the boy being tolerably black for one of his race; considerable wasting of the limb, pulse 96, and some white fur upon his tongue. I looked upon the case as scrofulous white swelling, and concluded in my own mind there could be little done towards effecting a radical cure, as I had often treated and seen such cases treated, but had never known a cure to follow, but more or less lameness to inevitably succeed all our efforts, if we did not ultimately have to resort to the knife to rescue the sufferer from the grave.

I commenced giving my patient the infusion of pipsissewa, a pint to be drank each day. The formula for making it I took from Wood and Bache's Dispensatory, and twice a day, morning and night, I had a fresh poultice made out of oat-meal and the infusion, and applied to the whole knee; diet light, and to keep the recumbent position.

The treatment was continued from February 5th to April 15th, when the patient was discharged cured.—*Southern Medical and Surgical Journal.*

Organic Chemistry and Medicine.—The point, however, to which I wish to direct your special attention, in reference to our anticipations of advancing the science, is organic chemistry. The apparatus for organic combustion, the great invention of Professor Liebig, is already almost daily in use in our laboratory. By its means, as you know, the analysis of matter belonging to the animal and vegetable kingdoms—the product, in some form or other, of the vital force—is effected with greater ease and equal precision with the analysis of a soil or a mineral. The rapidity with which discoveries are being made, and the immense extent of the science, render it almost impossible, except for the professed chemist, to follow and to appreciate its importance. Every now and then, however, some fact is made known, having an immediate application to practical purposes, and indicating how vast a field of inquiry exists in organic nature. Within the last few days, Professor Liebig has announced to us that a residue left in the manufacture of sulphate of quinine, is the pure alkaloid itself, merely obscured by its form. The discovery of quinine by Pellatier, in 1820, revolutionized pharmacy. The active principles of the most nauseous drugs can now be isolated from the accompaniments of woody fibre and other inert matters, and exhibited in a concentrated form. This is a blessing, which only those who have had to swallow bark in substance can fully understand. During the twenty-six years in which sulphate of quinine has been manufactured, a considerable portion, every year, of the pure alkaloid has been laid aside—and, consequently, a considerable amount has accumulated. Professor Liebig's discovery will not only bring this into use, but it will enable the practitioner of medicine to prescribe the pure alkaloid, and to combine it at pleasure with vegetable or other acids, and thus to obviate the objections which are found in practice to lie against the sulphate of quinine, placing at command quinine and a variety of its salts at a price which will not preclude the poorest from its benefit.

A great portion of the vegetable kingdom still requires to be chemically investigated; of the materials which constitute the animal body, every one, without exception, awaits a new analysis and investigation. Not many months since, Professor Redtenbacher, of Prague, found that taurine, a constituent of bile, which acts a most important part in the animal economy, contains sulphur to the extent of 26 per cent. This element has been previously overlooked, in consequence of what must be considered a defect in the method of analysis of combustion; in that practice the oxygen of the analysed body

being estimated by the amount of loss, the equivalent of sulphur being precisely double that of oxygen, its presence did not disturb the calculation of the results. Professor Gregory has remarked, that this observation of Redtenbacher will probably turn out, in its consequences, one of the most important yet made in animal chemistry; and it cannot be doubted, that although our views must be changed in many points in consequence of it, our knowledge will be extended and rendered more precise and more capable of direct application to physiology and pathology. Already Professor Liebig has found reason to believe that Mulder's protein and oxides of protein exist only in imagination, as sulphur remains combined with the other elements after fibrin and albumen are subjected to Mulder's processes. To extend this inquiry into all the materials of the animal tissues, requires many skilful hands and much labor.

This branch of the science is occupying the attention of very many students on the Continent, and is undergoing a rapid development. From the masses of figures and calculations, now accumulating, representing analyses, we may anticipate many practical results of vast importance to emerge.

For my own part, I entertain the most sanguine hopes that the diseases most fatal to mankind will be elucidated, and, perhaps, wholly prevented, by pursuing this path of chemical inquiry.—*London Lancet.*

Experimental Researches on the Nutritive Power of Green and Dry Fodder. By M. Boussingault, (Ann. de Chim. et de Phys., July, 1846, and Comptes Rendus, Apr. 1846.)—It is generally thought that there is more nourishment in green fodder than in the dry hay derived from an equal weight of the fresh grass. The experiments of Boussingault show that this is not true. A heifer was weighed, and fed for ten days on green fodder, each day a quantity equal in weight to that consumed was put aside to dry. The animal was again weighed and fed for ten days on the dry fodder, then weighed again. The experiment was tried three times, and each time the animal weighed a little more after feeding on the dry fodder than after the green. The difference was not enough to prove that the dry food was the *more* nutritious, although the experiment proved beyond a doubt that it was not inferior in effect to the other.—*Amer. Jour. Sci.*

Notices of the Progress of Experiments on the Influence of Light on the Growth of Plants. By R. Hunt, (Proc. of Brit. Assoc., Sept., 1846, from the Athenæum, Sept. 19.)—The experiments described in the former communications to the Association, had all been confirmed by the results obtained during the past year. It had been found that seeds would not germinate if all the chemical rays were prevented from acting on them—and that the influence of the actinic or chemical rays was such that seeds germinated at a depth below the soil, under the influence of concentrated actinic force, acting on the surface, at which they would not have germinated under the natural conditions. The leaves being developed, the action of the luminous rays then became necessary to effect the decomposition of carbonic acid and the deposition of woody fibre within the plant. Under the joint influence of light and actinism the plant arrived at maturity, and then the calorific, or heat-producing rays were brought more fully into action to produce the ripening of fruit and the development of seed.—*Ibid.*

THE WESTERN JOURNAL

NEW SERIES.—VOL. VII.—NO. II.

LOUISVILLE, FEBRUARY 1, 1847.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE.

Since our last number, the Annual Catalogue of Medical and Law students, for the current session, 1846–'7, has been published, and is now before us. As our readers are not interested in the Law Department, we shall only say that it numbers thirty-two students, which is regarded as an auspicious beginning.

The number of medical students is three hundred and forty-nine; who are from the following States:—Kentucky, 108; Tennessee, 87; Mississippi, 37; Alabama, 35; Missouri, 26; Ohio, 14; Indiana, 14; Illinois, 9; Arkansas, 4; Louisiana, 4; Virginia, 4; South Carolina, 3; Texas, 2; Georgia, 1; New York, 1;—of which three hundred and forty are undergraduates, and nine graduates; to-wit, from Alabama, 4; Kentucky, 2; Tennessee, 1; Illinois, 1, and Texas, 1.

Of this number two hundred and sixteen have taken the ticket to practical anatomy, the whole of whom have been supplied; thus showing that the disposition and the means for the study of anatomy by dissections, are equal to those of any other institution in the whole country.

We hope to be favored by our other schools with their official publications, and expect in our next number to present the aggregate of all our Western classes.

Although the school has advanced but little since last year, the Faculty regard it (and we think correctly) as in a growing condition, for it is well known that a number of students who would have visited it, have been drawn off by the Mexican war. Three, for example, went from this city.

Of the growth and prospects of the school from its beginning (under the title of Medical Institute), the Board of Trustees speak in the following terms:

"The progress of the medical school, which has advanced since its commencement in 1837, from eighty to three hundred and forty-nine pupils, they cannot but regard with the greatest satisfaction; and flatter themselves, that the Professors and the means of instruction put in their hands, are such as meet the approval of the medical profession, throughout the extensive region of country, which, it will be seen by the catalogue, contributes pupils. That arrangements are making by the Board to afford the Faculty still further aid in the prosecution of their labors, will be seen from their circular."

These additional aids and facilities, are thus spoken of by the Faculty:

"Arrangements have been made for an annual appropriation out of the funds of the department, for the purchase of books, apparatus and preparations, thus placing it at an early period, as it respects the *materiel* for instruction, in the first rank of medical schools. Orders to the amount of the first year's appropriation, have already been sent to the Eastern cities and to Europe."

We are tempted to add to these extracts another:

"It has been the anxious desire of the Faculty, to see the students come in before the beginning of the session; and for the last two or three years, an earlier arrival than formerly has encouraged them to hope, that the time is not far distant, when the introductory lectures may all be delivered in the last week of October, and everything be found fully organized by the first Monday in November; thus increasing the duration of the course a sixteenth, or to the amount of thirty-four lectures, in which of course much instruction may be given."

That parents and preceptors will perceive the obvious importance of this exhortation, and co-operate with the Faculty in giving it effect, we can scarcely doubt. Indeed, for ourselves, we would say,

that our schools generally, might, with great advantage to their pupils and to society, commence their sessions the first Monday of October, instead of November; thus adding, at the same cost to the student, an additional month of instruction; the effect of which, on the character of the profession, would soon be manifest to every body.

In conclusion, we are happy to be able to add, that diligence, sobriety, and a pacific deportment characterize the class of the present, as of the past sessions generally, of the Louisville school; affording continued evidence of regular amelioration in the character and manners of our students.

OTHER WESTERN SCHOOLS.

From the numerous medical schools in the Valley of the Lakes and Mississippi, we have received the official reports of only two. The Medical Department of the Western Reserve College, established three or four years ago at Cleveland, Ohio, gives in its catalogue two hundred and sixteen names; which is a remarkable growth. The Medical College of Ohio, at Cincinnati, has reported to the Legislature one hundred and seventy, as its number.

The other Ohio school, Willoughby University, which for ten or twelve years has been established at a village near Cleveland, is, as we perceive, by an act of the Legislature, to be transferred to Columbus, the seat of government of that State. Its Faculty will, as one of the Professors lately informed us, be there re-organised, when we shall give the names of its professors. We do not know the number of its present class.

OHIO LUNATIC ASYLUM.

We thank the officers of this institution, for continuing to send us their Annual Report to the Legislature. That now before us, for the year 1846, is number eight. Most of its predecessors we have already noticed. The following extract contains matter worthy of the attention of every State in the Union:

"The directors are much gratified in being able to announce that this great enterprise of benevolence may now be considered as completed. *The work is done.* Its conception and execution belong to the people of Ohio. The work is emphatically theirs. In all the agitations and mutations of parties—in all the monetary revulsions which have occurred since it was commenced, its progress has never been for a moment improperly delayed. Not a solitary voice of dissension has been heard upon the subject. Every year has witnessed the spectacle of a whole people, through their representatives, coming up as one man to lay their united offerings upon the shrine they had consecrated to the most touching and pitiable of human woes."

We copy the following paragraphs, for the purpose of rousing to effort those States in the West, which have not yet provided Asylums for their insane. To say nothing of the comforts they secure to that class of patients, the number of cures effected in the establishment at Columbus, is truly encouraging, and should prompt to action elsewhere.

"The Institution went into operation in the month of November, 1838. Since that time there have been in it 866 patients; 461 males, and 405 femaels; 247 pay patients, 649 supported by the State; 358 have been discharged cured, 92 have died; 420 were "*recent cases,*" (of less than a year's duration when the patient was received,) 446 were old cases, (of more than a year's duration.) Of the recent cases discharged, 90.59-100 per cent. (or 289) were cured—of the old cases 27 per cent. (or 69.) In addition to this, a great number of those incurable have been much improved in their condition.

"During the past year 175 patients have been admitted, 88 males, and 87 females. Of these, 101 were 'recent cases,' 74 were old cases; 71 have been discharged 'cured,' 18 have died. In the recent cases discharged, 95·38-100 per cent. were cured—in the old cases 20·93-100 per cent. A number are still improving, with fair prospects of recovery. These results compare favorably with those in the best institutions, both in this country and abroad."

In running over the statistics of this Report, we observe a number of interesting facts, but our limits do not permit an extensive transcript.

The following table, embracing all the patients, 866, admitted from the opening of the establishment in 1839, is instructive as to the time of life, at which insanity commences in this country, and its relative prevalence in the two sexes:

Showing the age at which Insanity commenced.

	Males.	Females.	Total.
Under twenty years	38	47	85
From twenty to thirty years	216	160	376
" thirty to forty years	108	106	214
" forty to fifty years	66	60	126
" fifty to sixty years	24	27	51
" sixty to seventy years	9	5	14

It would seem, that the seasons exert some influence on this disease. Of three hundred and forty-seven recoveries, fifty-three took place in winter; seventy-nine in spring; ninety-one in summer, and one hundred and twenty-four in autumn. The number of the latter season, contrasts too strikingly with the numbers which respectively represent the other seasons, to be accidental. If we take winter and spring together, and compare them with summer and autumn, we have 132:215. From which it would appear, that hot weather is more favorable to the cure of insanity than cold.

The statistics of intemperance and insanity are worthy of notice. They run through eight years, and if we divide the whole time into two equal periods, we have for the former 11·18 per cent.—for the latter 5·30 per cent., of cases ascribed to intemperate drinking. But this will appear more obviously by the following table:

FIRST PERIOD.

A. D. 1839	14·50	per cent.
1840	11·00	"
1841	8·25	"
1842	10·75	"

SECOND PERIOD.

A. D. 1843	6·25	per cent.
1844	5·75	"
1845	6·00	"
1846	3·50	"

Now to what should we ascribe this diminution since 1842? this reduction to one-fourth, from 1839 to 1846? Undoubtedly to the influence of the great Temperance Reform, which began to spread over the West since 1840. The epidemic cholera of 1832–'34 gave a great impulse to whiskey and brandy drinking, of which the fruits were fully developed in 1839. Soon after that date, an era of comparative sobriety began, and its beneficial effects were pre-

sented to our admiration in 1846, by a reduction in the percentage of three-fourths! Let those who are wont to sneer at the efforts to stay the tide of intemperance, look at this result, and apply it to the whole country.

Of four hundred and sixty-three patients whose occupations are given, we observe that two only are physicians, while six are lawyers. As the number of the former in the State of Ohio far exceeds that of the latter, it follows that the practice of law favors the production of insanity more than that of medicine.

The treatment of the insane in this public charity, which does honor to the State of Ohio, is largely of a moral character. Thus, a reading-room, extensively furnished with newspapers and magazines, has been provided, and several anniversaries have been observed by the patients. The 4th of July is celebrated; the annual State election is held within, as without the walls of the Asylum, and every practicable method adopted for exercising the faculties and interesting the feelings of its inmates—the whole of which is conducted by the indefatigable Dr. Awl, of whom the Directors say: "Much praise is due to the superintendent, under whose care the institution has grown up from infancy to its present magnitude. The system adverted to is the work of his hand."

We should not, however, do full justice to our noble profession, always foremost in works of benevolence, if we did not add that the name of S. Parsons, which stands at the head of the Board of Directors, is that of one of the ablest and most respectable physicians of the State.

PROFESSOR DICKSON'S INTRODUCTORY LECTURE.

We have been favored by the distinguished Professor of the *Institutes and Practice of Medicine*, in the Medical College of the State of South Carolina, with a copy of his Introductory Lecture, delivered at the opening of the present session. Its drift is the *inherent* claims of the medical profession on the respect and gratitude of society, and the causes, also inherent in the profession of this country, of its failing to secure what it ought to receive. As he advances, he cuts right and left, and woe be to him on whom the sabre falls.

He maintains, it is true, that in the *practice* of physic and surgery, the profession of the United States, have done as much as has been accomplished elsewhere; but sees many obvious and glaring defects, (growing chiefly out of our state of society,) that give a downward tendency to the profession, which will not, without great effort, be arrested. These defects lie chiefly in the want of preparatory education in our pupils, the lax and limited courses of study through which they are conducted in our schools, and their early and easy attainment of the doctorate. But on this point we must allow him to speak for himself:

"It is a grievous charge against the profession in these United States that its highest nominal rank is attainable at such a low rate of scientific acquirement, and with so little expenditure of time and labor. One cannot help being struck with the immense difference in this regard between us and our transatlantic brethren. In France, the candidate must attend four courses of lectures at least, upon all the various branches of medical science, and undergo three examinations, some of the answers at which must be written extemporaneously, and in full detail. The "preliminary literary guarantees" demanded of pupils are a Bachelor's deg ee in Arts, and a Bachelor's degree in Sciences. They presuppose a classical and scientific education of ten years' duration. Yet the Medical Congress which lately met in Paris, a most august and imposing body, while they express their approbation of these preliminary guarantees as "sufficient but not too onerous," recommend as expedient that the duration of medical studies now occupying a period of *four* years be prolonged to *five;* that an examination be exacted at the end of *each year;* and that all students be obliged to serve for at least *a year* as dressers in a hospital.

"In England, the degree of Doctor of Medicine is not to be reached with less than eight years of study. At the University of London, the most liberal of the English schools, the student cannot even enter without an examination; he cannot be matriculated unless he "shows a competent knowledge of the classics, including the English languege, history and geography, mathematics and natural philosophy or chemistry." Before graduating as Doctor, he must have passed two examiations for the Bachelor's degree, and "a third, which is final;" exhibiting his attainments not only in "physiology, general pathology, general therapeutics, hygiene, surgery, practice of physic, midwifery and forensic medicine, or medical jurisprudence, but also in logic, and intellectual and moral philosophy." The number of persons admitted last year to the Doctorate of Medicine in England, was not more than 77; in our own country it amounted to fully 1,000! Within the last three years, the whole number of those licensed to

practise as physicians, surgeons and apothecaries in England and Wales, is stated by the Medical Gazette at 2,721, being an annual average of 907. It is impossible to ascertain how many among us procure or assume the license to practice, which is indeed almost absolutely without restraint or limit.

It is, I fear, entirely too late even if it were not out of place here to discuss the question of the propriety or impropriety, the good or evil of this unrestricted system. The movement party are everywhere in the ascendant, the conservative principle almost extinguished; and we are going on to experiment freely upon the possibility of an existence untrammelled by any of the forms, which, in the Old World, are associated with recollections of inequality and oppression. In our vast republic, men shall hereafter preach, litigate and prescribe ad libitum; and the monopoly of skill, of preparation, and of diligence, no longer lie heavy on the bosom of the community. It is psssible that these tendencies shall be arrested—but the struggle is almost hopeless. On this downward road, as on the path to the den of Cacus, *nulla vestigia retrorsum*. In the meanwhile it behoves the profession, totally unprotected as it is likely to be, by any legislative countenance, to consider how it shall preserve itself from utter prostration and annihilation. We cannot require, as I have admitted, any high standard of preparatory education—the "preliminary literary guarantees" of the French system—but to compensate for this defect, we are bound to insist on a long-protracted and extensive course of technical studies. If human life and human health be worth consideration at all, and if professional ignorance can injure, and professional expertness can benefit mankind—questions which I cannot stoop even to entertain in this place, but shall assume the affirmative to be as clearly true as any proposition that can be submitted in language—then we should do all that we possibly can do to make the acquisition of knowledge certain, easy, full, nay, unavoidable. And how else can we effect this than by multiplying the opportunities presented to the student, and keeping him long in contact with the sources of information. Our systems must be accommodated to the wants and requirements of the average mind—the ordinary capacity. Talents and assiduity run rapidly forward and promptly overcome whatever difficulties lie in their way; but we must legislate also for dulness and indolence. This must be aided and stimulated. 'Repetition—repetition,' said the learned Wyttembach, 'is to the scholar what action, action, action is to the orator;' and by frequent repetition, the dullest will be instructed, and the slowest urged onward. Besides this, it never should be forgotten that whatever is caught up hurriedly is apt to be slightly impressed on the understanding and the memory; while acquisitions, more deliberately made, fix themselves with greater permanence, and stand out ever after with clear distinctness in the mind. I have already drawn a sketch of our American mode of study—text books read exclusively, or almost exclusively, cursorily, hastily; two half courses

or one brief course and a half of lectures attended—listened to perhaps; a single dead body dissected under the eye of a Demonstrator, perhaps an arm only or a leg; a few surgical operations witnessed, such as may accidentally present themselves within the six months spent at the colleges; a few patients seen in the wards of a hospital at intervals of days, or it may be weeks. Our schools generally require three years of such study; but how seldom is even this rule complied with. The standard is so low, that any common industry may overleap it in half the time. We demand the legal age of maturity to be attained before the reverend Doctorate shall be reached—but our transatlantic youth, like the country which gives him birth, are of so quick and precocious growth, that they are universally ripened into grave manhood at or before twenty, if the family Bible and the parish register are to be trusted. There are many honorable exceptions I am aware—but I appeal to those who hear me, whether I color or exaggerate in the picture I have thus drawn.

As a predisposing remedy for these evils our author looks with interest to the approaching National Convention of Physicians in Philadelphia, but we fear will look in vain. Nevertheless, the Convention should be well attended, and all plans of reform and elevation freely, frankly, and forcibly discussed.

Want of space prevents our making further extracts, and we have so often presented our own views of the means of improving the profession of this country, that we shall not again obtrude them at this time. We hope the able lecture of the Southern professor will be extensively read in the region where he teaches with so much distinction, and that it may contribute to the amelioration which he has so much at heart.

THE

WESTERN JOURNAL

OF

MEDICINE AND SURGERY.

EDITORS.

DANIEL DRAKE, M.D.,

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE MEDICAL INSTITUTE OF LOUISVILLE.

LUNSFORD P. YANDELL, M.D.,

PROFESSOR OF CHEMISTRY AND PHARMACY IN THE SAME.

THOMAS W. COLESCOTT, M.D.

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